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COVER LETTER

TO: Registration So Division of Con		
THE WEIG	GHT, LLC	
SUBJECT:	Name of Limited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are submitted for filing.	
Please return all correspo	ondence concerning this matter to the following:	
	Michael J. Faehner, Esq.	
	Name of Person	
	M. Faehner, Esq., LLC	
	Firm/Company	
	600 Bypass Drive, Suite 100	
	Address	
	Clearwater, FL 33764	
	City/State and Zip Code	
	filings@mfaehner.com	
	E-mail address: (to be used for future annual report notification)	
For further information of	concerning this matter, please call:	
Michael Faehner	727 443-5190	
Name o	at () of Person Area Code Daytime Telephone Number	
Enclosed is a check for t	the following amount:	
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	atus &

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

THE WEIGHT, LLC			
(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our records d Liability Company)		
The Articles of Organization for this Limited Liability Compar Florida document number L14000147023	ny were filed on <u>09/19/2014</u>	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here:		
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC"	or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	 		
1			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		enter the name of the r	
Name of New Registered Agent:	•		
New Registered Office Address:			
New Registered Office / Radiess.	Enter Florida street address		
	, Florida		
	City	rida Zip Code	
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>		
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic	te performance of my duties, and s provided for in Chapter 605, F	d I am familiar with and F.S. Of aif thi s d ocument is	

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Candyman Management, LLC	468 4TH AVENUE SOUTH	. ■ Add
		ST PETERSBURG, FL 33701	Remove
			□ Change
MGR	REPKO, ROBERT	468 4TH AVENUE SOUTH	
		ST PETERSBURG, FL 33701	■ Remove
			□ Change
 -			Add
			□ Remove
			Change
		 	
			☐ Remove
	,		☐ Change
			Add
			HAY Change LED SECRETARY OF STATE LAHASSEE, FLORIDA
			□ Change

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ffective date, if other than effective date is listed, the ote: If the date inserted is ocument's effective date of the record specifies a comparation of the comparation of the record specifies a comparation of the record specifies and the record specifies a comparation of the record specifies a c	n this block does not on the Department of	t meet the applicable f State's records.	statutory filing require	ments, this date will	l not be listed as
The 90th day after t			enective time, at	12,01 a.m. on	the earner o
		2017		I _A	a =
May 9		-, '		<i>□</i> 'c	7
ated May 9	1/101-			<u>*-</u> **	
ated May 9	Wice	reele		AHAS	HAY F
ated May 9	M Signature of	a member or authorized	I representative of a mem		

Page 3 of 3

Filing Fee: \$25.00