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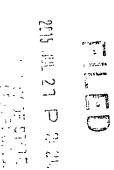
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## **COVER LETTER**

'TO: Registration S Division of Co			;
JSB WEIG SUBJECT:	HT LOSS & WELLNESS, LLC		
SUBJECT:	Name of Limi	ted Liability Company	<del> </del>
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
		Name of Person	
	FRANKLIN & COMPANY	Y, LLC	
		Firm/Company	
	4314 LAMSON AVENUE		
		Address	
	SPRING HILL, FL 34609		
		City/State and Zip Code	
	MADELEINE@FRANKLII		
	E-mail address: (1	o be used for future annual report notifi	cation)
For further information	concerning this matter, please co	11:	
	FRANKL	at ()	84 3535 xa
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	the following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

JSB WEIGHT LOSS & WELLNESS, LLC

	(A Florida Limited Liability Company)		
The Articles of Organization for this Limited I	Liability Company were filed on 07/09/20	15	and assigned
Florida document number L15000118544	,		
This amendment is submitted to amend the following	lowing:	2615	
A. If amending name, enter the new name of	of the limited liability company here:	· · · · · · · · · · · · · · · · · · ·	Francisco
The new name must be distinguishable and contain the	words "Limited Liability Company," the designate	tion "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if appli	cable:	27.1	,
(Principal office address MUST BE A STREE	ET ADDRESS)	grii 12	<u>.</u>
Enter new mailing address, if applicable:			
• • • • • • • • • • • • • • • • • • • •	E BOX)		
(Mailing address MAY BE A POST OFFICE  B. If amending the registered agent and registered agent and/or the new registered of	l/or registered office address on our	records, enter	the name of the
Mailing address MAY BE A POST OFFICE  B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:	I/or registered office address on our office address here:  JOHN BATISTA	records, enter	the name of the
(Mailing address MAY BE A POST OFFICE  B. If amending the registered agent and registered agent and/or the new registered of	l/or registered office address on our office address here:		the name of the
(Mailing address MAY BE A POST OFFICE  B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:	J/or registered office address on our office address here:  JOHN BATISTA  445 MARINER BLVD.		

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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>	Name	Address	Type of Action
MGRM	SUSAN OPYOKE	4417 EDENROCK PLACE	□ Add
		SPRING HILL, FL 34609	■ Remove
			☐ Change
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ffective date is listed, the dat	te must be specific	and cannot be prior t		ore than 90 days		
If the date inserted in the ment's effective date on the ment's effective date on the ment's effective date.			ble statutory filir	ig requirements,	, this date wil	l not be liste
ment s effective date off	ine Department (	or state's records.				
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	ayed effective	e date, but not	an effective	time, at 12:0	a.m. on	the earlie
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e 90th day after the	e record is file	·X		e of a member	1 - 22	emercong le d le come have come
ecord specifies a del e 90th day after the	e record is file	f a member or autho	rized representative	e of a member		t And man (1988)
e 90th day after the	e record is file	·X	 rized representative	e of a member	12	A STATE OF THE STA

Page 3 of 3

Filing Fee: \$25.00