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COVER LETTER

TO: Registration Section , b
SUBJECT: WEIGHLITE PRO, LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jennifer M. Richards Name of Person
Firm/Company
582 Oakmont Drive
Drange Park FL 32073 City/State and Zip Code Leva voi chard S 9764 6 0000 21 C000
jenvichards 904 @ amail.com E-mail address: (to be used for future annual report northication)
For further information concerning this matter, please call:
Jennifer M. Richards at (904) 6/6-1634 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Scritificate of Status Status Status Scritified Copy (additional copy is enclosed) \$25.00 Filing Fee Scritified Copy (additional copy is enclosed) \$25.00 Filing Fee Scritified Copy (cadditional copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WEIGHLITE PRO,	LLC
(Name of the Limited Liability Company (A Florida Limited Lia	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company w	vere filed on September 27, 2015 and assigned
Florida document number <u>L15000159963</u>	me m
This amendment is submitted to amend the following:	P 2: 2
A. If amending name, enter the new name of the limited liabili	ity company here:
The new name must be distinguishable and contain the words "Limited Liability	y 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)	
	
Enter new mailing address, if applicable:	P.O. Box 551695
(Mailing address MAY BE A POST OFFICE BOX)	Jacksonville, FL 32255
B. If amending the registered agent and/or registered office address here:	
Name of New Registered Agent:	rt Cywes
New Registered Office Address: 8833	Perimeter Park Blvd, #202 Enter Florida street address
_Jack	SON VILLE, Florida 32216 Zip Code
New Registered Agent's Signature, if changing Registered Agent:	

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> **Address Type of Action Name** Jennifer M. Richards 8833 Perimeter Park Blvd - Add # 202 Tackson ville, FL 32216 Remove ☐ Change □ Add □ Remove ☐ Change ☐ Remove ☐ Change ☐ Add □ Remove ☐ Change □ Add □ Remove ☐ Change

☐ Change

. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
· _ · _ · _ · _ / _ /
<u>·</u>
Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:) The 90th day after the record is filed.
Dated December 23, 2015.
Signaryre of a member or authorized representative of a member
Jennifer M. Richards & Typed or printed name of signce
Page 3 of 3
Filing Fee: \$25.00