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COVER LETTER

	Registration Se Division of Co					
SUBJEC		ss Done Right In Ft. Myers, LL	С			
SOME		Name of Limi	ted Liability Company			
The enclo	osed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please ret	turn all correspo	ondence concerning this matter t	to the following:			
		Jennifer Rìos		•		
			Name of Person			
			Firm/Company			
	7310 Jonas Rd					
		Ft. Myers FL 33967	Address			
		· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code			
		weightlossdoneright2@gma				
For furthe	er information c	E-mail address: (to oncerning this matter, please ca	o be used for future annual report not			
Jennifer !	Rios		239 877-1214 at ()_	AHASSEE		
		f Person		ne Telephone Number		
Enclosed	is a check for th	ne following amount:		P. O		
\$25.0	0 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 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

Weight Loss Done Right in Ft. My				
(Name of the Limi	ted Liability Compa (A Florida Limited)	iny as it now appears on our recor Liability Company)	rds.)	<u></u>
The Articles of Organization for this Limited L	iability Company	were filed on 3/11/2016		and assigned
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	f the limited liab	ility company here:		
Weight Loss Done Right, LLC				
The new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the designation "LL	C" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:		13240 Tamiami Trl N		
Principal office address MUST BE A STREE	T ADDRESS)	#204		
	Naples FL 34110			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		13240 Tamiami Trl N #204		
		Naples FL 34110		
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:		<u>e</u> :	ds, enter SELRETORY	the name of the n
New Registered Office Address:	13240 Tamiam	Enter Florida street addre	r	U
	Naples		lorida 5341	
		City		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

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 **Title** Name **Address Type of Action** □ Add □ Remove ☐ Change ☐ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change _□ Add Remove LORIDA ₩ □ Remove ☐ Change □ Add ☐ Remove ☐ Change

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	A. D
Effect	tive date, if other than the date of filing: 109/01/2016 109/01/2016 (optional) 109/01/2016 (optional) 109/01/2016 (optional) 109/01/2016 (optional) 109/01/2016
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
docun	nent's effective date on the Department of State's records.
he re The	cord specifies a delayed effective date, but not an effective time, at 12:01 amin on the earlier of a 90th day after the record is filed.
D-4 *	August 25th 2016
Dated	
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00