

L16000226272

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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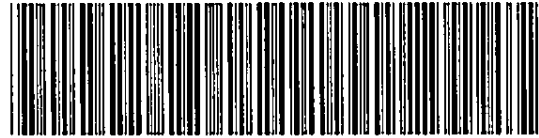
(Business Entity Name)

(Document Number)

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FILED
SEP 15 PM 3:21

SEP 15 2017
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OPTHEALTH WEIGHTLOSS AND WELLNESS CENTER 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:

DANIEL VEGA
Name of Person

OPTHEALTH WEIGHTLOSS AND WELLNESS CENTER LLC
Firm/Company

236 W GARDEN ST, 4 STE
Address

PENSACOLA FL 32502
City/State and Zip Code

daveopthealthweightloss.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DANIEL VEGA at (850) 530-3033
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for 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**

OPT. HEALTH WEIGHTLOSS AND WELLNESS CENTER LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on DEC. 14 2014 and assigned Florida document number L16 000 226272.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability 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)

236 W. GARDEN ST
41 SUITE
PENSACOLA, FL 32502

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

SAME AS ABOVE
SEP 15 PM 3:00

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

DANIEL VEGA

New Registered Office Address:

236 W GARDEN ST, 4 STE

Enter Florida street address

PENSACOLA, Florida FL

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.

Daniel Vega
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

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-------------------|-------------------------|--|
| MGR | CHRISTINA MILEGRO | 16 SAN CARLOS AVE | <input type="checkbox"/> Add |
| | | GULF BREEZE, FL 32561 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | Daniel VPSHOW | 236 W. Garden St. STE 4 | <input checked="" type="checkbox"/> Add |
| | | Pensacola, FL 32502 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
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| | | | <input type="checkbox"/> Add |
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[illegible]

(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)(b)

(b) The 90th day after the record is filed.

Daniel Vega
Signature of a member

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00

SEP 15 PM 5:21