## L18000094658

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
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ORIDA

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## **COVER LETTER**

|   | Registration Sec<br>Division of Corp |  |   |   |  |  |  |  |
|---|--------------------------------------|--|---|---|--|--|--|--|
|   |                                      | BACK IN 8 WEEKS, LLC                           |   |   |  |  |  |  |
| SUBJECT:Name of Limited Liability Company |                                      |  |   |   |  |  |  |  |
|   |                                      | Amendment and fee(s) are subnuter to           |   |   |  |  |  |  |
| ricase re                                 | dun an correspo                      | Timothy J. Conner                              | <i></i>   |   |  |  |  |  |
|   |                                      |  | Name of Person  | <u> </u>  |  |  |  |  |
|   |                                      | Conner Bosch Law, P.A.                         |   |   |  |  |  |  |
|   |                                      |  | Firm/Company  |   |  |  |  |  |
|   |                                      | 4488 N. Oceanshore Blvd.                       |   |   |  |  |  |  |
|   |                                      | <u>.                                      </u> | Address   | <del></del>   |  |  |  |  |
|   |                                      | Palm Coast, F1. 32137                          |   |   |  |  |  |  |
|   |                                      | tjconner@cblpa.com                             | City/State and Zip Code   |   |  |  |  |  |
|   |                                      |  | to be used for future annual report notific                         | ration)   |  |  |  |  |
| For furt                                  | her information (                    | concerning this matter, please ca              | dl:   |   |  |  |  |  |
| Timothy J. Conner                         |                                      |  | 386 445-9322  |   |  |  |  |  |
| -   | Name (                               | of Person                                      | at ()   | Telephone Number  |  |  |  |  |
| Enclose                                   | ed is a check for t                  | he following amount:                           |   |   |  |  |  |  |
| <b>■</b> \$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,<br>Certificate of Status &<br>Certified Copy<br>(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

| WIN HER BACK IN 8 WEEKS, LLC   |  |                              |
|--|--|------------------------------|
| ( <u>Name of the Limited Liability Compar</u><br>(A Florida Limited L  | ny as it now appears on our records.)<br>Hability Company) |                              |
| The Articles of Organization for this Limited Liability Company  | were filed on April 16, 2018                               | and assigned                 |
|  |  |                              |
| his amendment is submitted to amend the following:   |  |                              |
| A. If amending name, enter the new name of the limited liab  | lity company here:   |                              |
| he new name must be distinguishable and contain the words "Limited Liabil  | ity Company," the designation "LLC" o                      | r the abbreviation "L.I.,C." |
| Enter new principal offices address, if applicable:  |  | <u> </u>                     |
| Principal office address MUST BE A STREET ADDRESS)   |  | - <del> </del>               |
|  |  | 22<br>328<br>328             |
|  |  | Te a m                       |
| Inter new mailing address, if applicable:  |  | _ <del></del>                |
| (Name of the Limited Liability Company of A Florida Limited Liability Company of Florida document number L18000094658  This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability Che new name must be distinguishable and contain the words "Limited Liability Che new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address here  Name of New Registered Agent:  New Registered Office Address: |  |                              |
|  |  |                              |
|  |  | enter the name of the        |
| Name of New Registered Agent:  | 2.1111-7   |                              |
| New Registered Office Address:   |  |                              |
|  | Enter Florida street address                               |                              |
|  | Flori  |                              |
|  | 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

| <u>Title</u> | <u>Name</u>     | <u>Address</u>  | Type of Action      |
|--------------|-----------------|---|---------------------|
| Treasurer    | Debra J. Gerace | 1 Florida Park Dr., S, Ste. 214<br>Palm Coast, FL 32137 | ■ Add               |
|              |                 |   | □ Remove            |
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|   |  |  |                           | <del> </del>        | - <del>五五</del><br>SS <sup>2</sup>              | G 22         |
|   |  |  |                           |                     | - 유수<br>- 기호                                    |              |
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| ffective date, if other an effective date is listed | <ol> <li>the date must be speci</li> </ol>     | tic and cannot be prior                      | r to date of filing or    | more than 90 days a | fter filing.) Purst                             | uunt to 60;  |
| lote: If the date insert<br>ocument's effective d   | ted in this block does<br>ate on the Departmer | inot meet the appli<br>nt of State's record: | cable statutory fil<br>3. | ing requirements.   | this date will n                                | iot be list  |
|   |  |  |                           |                     |   |              |
| e record specifies                                  |  |  | ot an effective           | time, at 12:0       | 1 a.m. on th                                    | ne earli     |
| The 90th day aft                                    | er the record is i                             | nied.  |                           |                     |   |              |
| August 16   |  | 2018   | _                         |                     |   |              |
|   |  | of a member or auf                           | <del></del> ·             |                     |   |              |
|   | _ / /  | /////  | 100                       |                     |   |              |

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Filing Fee: \$25.00