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| PICK-UP WAIT MAIL |
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| Special Instructions to Filing Officer: |
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Office Use Only



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OCT 2 9 2020 S. YOUNG

COVER LETTER

TO:

Registration Section Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

| | Name of Lim | ited Liability Company | |
|-----------------------------|--|---|--|
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | Cathleen W Quillian | | |
| | | Name of Person | |
| | Dr. Q's Total Weight Loss | Center, LLC | |
| | | Firm/Company | |
| | 4646 Central Ave | | |
| | ···· | Address | , |
| | St Petersburg, FL | | |
| | | City/State and Zip Code | |
| | drqweightloss@gmail.com | | |
| For further information c | encerning this matter, please c | to be used for future annual report notificall: | ation) |
| Cathleen W Quillian | | 727 273-2030 at () | |
| Name o | of Person | Area Code Daytime T | elephone Number |
| Enclosed is a check for t | he 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 Addres Registration | | Street Address: Registration Secti | on |

Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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| | ony as it now appears on o Liability Company) | ar records.) | | |
|---|--|---|--|--|
| The Articles of Organization for this Limited Liability Company Florida document number <u>L20000135603</u> . | were filed on May 19, | 2020 And an Cassigned | | |
| This amendment is submitted to amend the following: | | 6: 3 | | |
| A. If amending name, enter the new name of the limited liah | ility company here: | : : | | |
| The new name must be distinguishable and contain the words "Limited Liabi | lity Company," the designat | ion "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: | Dr. Q's Total Weight l | Loss Center, LLC | | |
| (Mailing address MAY BE A POST OFFICE BOX) | 4646 Central Ave | | | |
| | St Petersburg, FL 337 | 11 | | |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our record | s, enter the name of the new registered | | |
| Name of New Registered Agent: New Registered Office Address: | Enter Elizable and | and the same | | |
| | Enter Florida sira | | | |
| | | , Florida | | |
| | City | | | |

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> | Address | Type of Action |
|--------------|-----------------------|---------------------------|----------------|
| MGR | Larry-Gerard C Abeyta | 12155 6th St E | |
| | | Treasure Island, FL 33706 | ≣Remove |
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