

L24 0000 SSO49

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

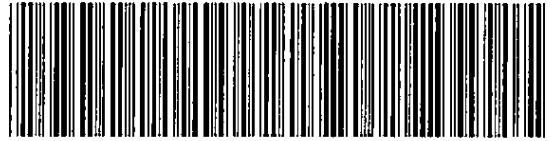
(Document Number)

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2024 MAY -2 6:19:19
SECRET
TAMM

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SWFL Weight Loss, 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:

Omar Clark
Name of Person

SWFL Weight Loss, LLC
Firm/Company

2378 Surfside Blvd. A133
Address

Cape Coral, FL 33991
City/State and Zip Code

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

For further information concerning this matter, please call:

Omar Clark at (239) 910-7272
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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2024 MAY -2 PM 5:19

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

SWFL Weight Loss

(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 January 30, 2024 and assigned Florida document number L24000055049.

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)

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

Name of New Registered Agent:

Jarmin Clark

New Registered Office Address:

640 SW 18th Ct.

Enter Florida street address

Cape Coral

City

Florida

33991

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.

Jarmin Clark
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	Jermin Clark	640 SW 18 th Ct	<input type="checkbox"/> Add
		Cape Coral, FL. 33991	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Omar Clark	640 SW 18 th Ct	<input type="checkbox"/> Add
		Cape Coral, FL. 33991	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Omar Clark	640 SW 18 th Ct.	<input checked="" type="checkbox"/> Add
		Cape Coral, FL. 33991	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

2024 APR 13 PM 09:19

E. Effective date, if other than the date of filing: _____ (optional)

(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)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated April 3, 2024


Signature of a member or authorized representative of a member

Omar Clark
Typed or printed name of signee

Filing Fee: \$25.00