

M14 000009102

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

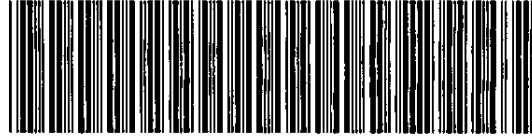
Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

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07/28/16--01027--022 \*\*30.00

FILED  
16 JUL 28 PM 2:33  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

W16-40927

AUG - 1 2016

N. CAUSSEAU



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 6, 2016

JOAN MCCABE  
219 VIA EMILIA  
PALM BEACH GARDENS, FL 33418

SUBJECT: LIPOTRIAD LLC  
Ref. Number: M14000009102

We have received your document for LIPOTRIAD LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A foreign limited liability company which needs to correct any false statement or has changed its name, duration, or jurisdiction should file an amended application in this office within 30 days after the occurrence of any such change. The form should be accompanied by a filing fee of \$25, an additional \$30 for each certified copy (optional) requested, and an original certificate from the domicile state when amending the name, duration, or jurisdiction. Said certificate must evidence the amendment and be issued within the last 90 days.

If the amendment is merely to correct a false statement listed on a document previously filed with the Florida Department of State or does not require an amendment to be filed in its domicile state or country, a certificate is not necessary.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 716A00011813

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, Florida 32314

Dear Sir or Madam:

In response to the attached correspondence from you, I am attaching the LTPV LLC certificate of name change in the state of Delaware for Lipotriad LLC.

I am also enclosing an additional \$30 check in order to receive a certified copy of the name change from Lipotriad to LTPV LLC.

Please email me at [joan@lipotriad.com](mailto:joan@lipotriad.com) or call me at 203-561-0970 if you need further information.

Sincerely,

A handwritten signature in black ink, appearing to read "Joan Y. McCabe". The signature is fluid and cursive, with the first name "Joan" being the most prominent.

Joan Y. McCabe  
CEO  
Lipotriad LLC

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Lipotriad LLC

Enter new principal office 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)

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TALLAHASSEE FLORIDA

2. The Florida document number of this limited liability company is: M14000009102

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 12/19/2014

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: LTPV, LLC  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter Florida Street Address*

\_\_\_\_\_, **Florida** \_\_\_\_\_  
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



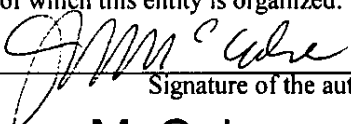
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
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16 JUL 28 14 2:33  
TALLAHASSEE  
FLORIDA

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

  
\_\_\_\_\_  
Signature of the authorized representative  
**Joan McCabe**  
\_\_\_\_\_  
Typed or printed name of signee

Filing Fee: \$25.00

# Delaware

The First State

FILED  
16 JUL 28 PM 2:33  
Page 1  
OFFICE OF STATE  
SECRETARY OF FLORIDA

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED ARE TRUE AND CORRECT COPIES OF ALL DOCUMENTS ON FILE OF "LTPV, LLC" AS RECEIVED AND FILED IN THIS OFFICE.

THE FOLLOWING DOCUMENTS HAVE BEEN CERTIFIED:

CERTIFICATE OF FORMATION, FILED THE NINETEENTH DAY OF MAY, A.D. 2009, AT 4:10 O'CLOCK P.M.

CERTIFICATE OF CHANGE OF REGISTERED AGENT, FILED THE TWENTY-SECOND DAY OF OCTOBER, A.D. 2012, AT 11:30 O'CLOCK A.M.

CERTIFICATE OF AMENDMENT, CHANGING ITS NAME FROM "LIPOTRIAD LLC" TO "LTPV, LLC", FILED THE SIXTH DAY OF JUNE, A.D. 2016, AT 11:30 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE AFORESAID LIMITED LIABILITY COMPANY, "LTPV, LLC".



4689344 8100H  
SR# 20164559930

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

  
Jeffrey W. Bullock, Secretary of State

Authentication: 202527103  
Date: 06-21-16

**CERTIFICATE OF FORMATION**

**OF**

**LIPOTRIAD LLC**

State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 05:02 PM 05/19/2009  
FILED 04:10 PM 05/19/2009  
SRV 090496135 - 4689344 FILE

This Certificate of Formation of LIPOTRIAD LLC (the "Limited Liability Company"), dated May 19, 2009, is being duly executed and filed by Kathleen Chastaine, as an authorized person to form a limited liability company under the Delaware Limited Liability Company Act (6 Del. C. § 18-101 et seq.).

The undersigned, being duly authorized to execute and file this Certificate of Formation, hereby certifies that:

FIRST: The name of the Limited Liability Company is LIPOTRIAD LLC.

SECOND: The address of the registered office and the name and the address of the registered agent of the limited liability company required to be maintained by Section 18-104 of the Delaware Limited Liability Company Act are Corporation Service Company, 2711 Centerville Road, Suite 400, Wilmington, Delaware, 19808, County of New Castle.

**IN WITNESS WHEREOF**, the undersigned has duly executed this Certificate of Formation as of the day and year first written above.

/s/ Kathleen Chastaine  
Kathleen Chastaine,  
Authorized Person

State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 11:30 AM 10/22/2012  
FILED 11:30 AM 10/22/2012  
SRV 121154864 - 4689344 FILE

STATE OF DELAWARE  
CERTIFICATE OF AMENDMENT CHANGING ONLY THE  
REGISTERED OFFICE OR REGISTERED AGENT OF A  
LIMITED LIABILITY COMPANY

The limited liability company organized and existing under the Limited Liability  
Company Act of the State of Delaware, hereby certifies as follows:

1. The name of the limited liability company is Lipotriad LLC
2. The Registered Office of the limited liability company in the State of Delaware is  
changed to 1521 Concord Pike #303 New Castle County  
(street), in the City of Wilmington  
Zip Code 19803. The name of the Registered Agent at such address upon  
whom process against this limited liability company may be served is \_\_\_\_\_  
A Registered Agent, Inc.

By: Joan Y. McCabe  
Authorized Person

Name: Joan Y. McCabe  
Print or Type



**STATE OF DELAWARE  
CERTIFICATE OF AMENDMENT**

1. Name of Limited Liability Company: Lipotriad LLC
2. The Certificate of Formation of the limited liability company is hereby amended as follows:

The name of the Company is hereby changed to "LTPV, LLC"

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the 31<sup>st</sup> day of May, A.D. 2016.

By: \_\_\_\_\_

Authorized Person(s)

Name: Joan McCabe

Print or Type

FILED  
16 JUL 28 PM 2:33  
CLERK OF STATE  
ALBANY, NEW YORK  
State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 11:30 AM 06/06/2016  
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SR 20164319473 - File Number 4689344