

P230000034759

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H23000300677 3)))



H230003006773ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
WEIGHT LOSS MEDICAL GROUP CORP**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$35.00 |

2023 AUG 29 AM 10:37
62 C:\H\5707

2023 AUG 29 AM 11:25
STATE OF FLORIDA
DIVISION OF CORPORATIONS
FILED

Electronic Filing Menu

Corporate Filing Menu

Help

A. RAMSEY
SEP - 1, 2023

FILED

2023 AUG 29 AM 11:25

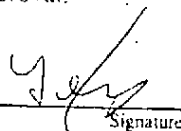
CLERK OF THE CLERK OF THE
CLERK OF THE CLERK OF THEArticles of Amendment
to
Articles of Incorporation
ofWEIGHT LOSS MEDICAL GROUP CORPFlorida Document Number: P23000034759

Pursuant to the provisions of section 607.1006, Florida Statutes, this **Florida Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

CHANGE ALL ADDRESS TO :7951 SW 40TH ST SUITE #200 MIAMI , FL 33155

These articles of amendment were adopted on 8/29/2023

The corporation has only one group of voting stock. This amendment was approved by the shareholders and the number of votes cast for amendment was sufficient for approval.


SignatureYERO GRIMON, ISABEL (P)

Printed Name and Title

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing