

L030000004413

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

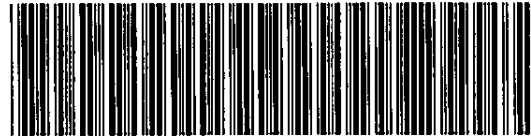
(Document Number)

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FILED
14 JAN -2 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN - 9 2014

T. BROWN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Vitek Natural Supplements 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:

Manuel de Quesada

Name of Person

Vitek Natural Supplements LLC

Firm/Company

1384 SW 143 AVE

Address

Miami FL 33184

City/State and Zip Code

mercydequesada@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mercy de Quesada

Name of Person

at (305) 302 5172

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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Vitek Natural Supplements LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
14 JAN -2 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 02/05/2003 and assigned
Florida document number L03000004413

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

DQ Systems Group LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

1384 SW 143 AVE

(Principal office address MUST BE A STREET ADDRESS)

Miami FL 33184

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:

Mercy de Quesada

New Registered Office Address:

1384 SW 143 AVE

Enter Florida street address

Miami

Florida 33184

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

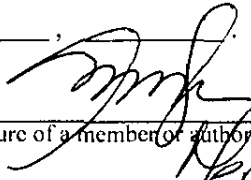
MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>Manuel de Quesada</u>	<u>1384 SW 143 AVE</u>	<input checked="" type="checkbox"/> Add
		<u>Miami FI 33184</u>	<input type="checkbox"/> Remove
<u>MGR</u>	<u>Mercy de Quesada</u>	<u>1384 SW 143 AVE</u>	<input checked="" type="checkbox"/> Add
		<u>Miami FI 33184</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

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

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 more than 90 days after filing.) (605.0207 (3)(b))

Dated **12/31/2013**



Signature of a member or authorized representative of a member

Percy de Quesada

Typed or printed name of signee

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Filing Fee: \$25.00