

L07 000025488

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000162682860

11/20/09--01014--008 **55.00

FILED
09 NOV 20 PM 5:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. HAWKES

NOV 23 2009

EXAMINER



FAIRBANKS & MCGILLIN, P.L.

ATTORNEYS AND COUNSELORS AT LAW

November 17, 2009

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Re: Articles of Amendment to Articles of Organization of Libidinol, LLC

Dear Sir/Madam:

Enclosed please find your cover letter and original and one copy of signed Articles of Amendment to Articles of Organization of Libidinol, LLC, together with a check made payable to Florida Department of State in the amount of \$55.00 for the filing fee and the certified copy.

If you have any questions or concerns, please contact us.

Very truly yours,

Randal C. Fairbanks
For the Firm

RCF:jco
Enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LIBIDINOL, 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:

Randal C. Fairbanks, Esq.

Name of Person

Fairbanks & McGillin, P.L.

Firm/Company

113 Nature Walk Parkway, Suite 103

Address

St. Augustine, Florida 32092

City/State and Zip Code

rfairbanks@fmpllaw.com

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

For further information concerning this matter, please call:

Jane Odjakjian

Name of Person

at (**904**)

687-1140

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**

LIBIDINOL, LLC

(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 March 7, 2007 and assigned
Florida document number L07000025488.

This amendment is submitted to amend the following:

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

NATURALCEUTICAL, LLC

The new name must be distinguishable and end with 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)

2713 W. Virginia Avenue

Tampa, Florida 33607

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2713 W. Virginia Avenue

Tampa, Florida 33607

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:

Daniel S. Stein

New Registered Office Address:

2713 W. Virginia Avenue

Enter Florida street address

Tampa

City

Florida

33607

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 608, 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

FILED
09 NOV 20 PM 8 06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

FILED
09 NOV 20 PM 5:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

N/A

Dated November, 2009

Signature of a member or authorized representative of a member

Randal C. Fairbanks

Typed or printed name of signee