

L09000018599

(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



300163407443

12/11/09--01008--002 **25.00

FILED
09 DEC 11 PM 3:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. HAWKES

DEC 14 2009

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT:

Name of Limited Liability Company

VERO QUEST LLC

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

VICKIE SHANNON

Name of Person

READY FOR CHANGE

Firm/Company

3740 20th St., Suite B

Address

VERO BEACH, FL 32960

City/State and Zip Code

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

For further information concerning this matter, please call:

VICKIE SHANNON

Name of Person

at (772) 501-1249

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

VERO QUEST

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

FILED
09 DEC 11 PM 3:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 02/24/09
Florida document number L09000018599

This amendment is submitted to amend the following: NEW PRINCIPAL OFFICE ADDRESS,
NEW MAILING ADDRESS, AGENT: NEW ADDRESS, REMOVE 1 HGR, ADD
A. If amending name, enter the new name of the limited liability company here: 1 HGR.

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:

(Principal office address MUST BE A STREET ADDRESS)

3740 20th ST
SUITE B
VERO BEACH, FL 32960

✓ Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3740 20th ST.
SUITE B
VERO BEACH, FL 32960

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:

New Registered Office Address:

3740 20th ST, SUITE B

Enter Florida street address

VERO BEACH Florida 32960
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 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

✓ 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:

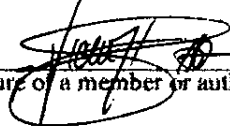
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	HOFFMANN, KATRIN M.	26 46 51st AVE VR, FL 32966	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Absolute Complementary Medicine, LLC	3740 20th St. VR, FL 32960	<input checked="" 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 DEC 11 11:47
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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

Dated 12-01-09



Signature of a member or authorized representative of a member

Typed or printed name of signee