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SECTION OF STATE



T. CLINE

NOV 30 2010

EXAMINER

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: H	EALTHY QUEST F	RUIT & VEGETABL	E LLC		
	Name of Limi	ted Liability Company			
The enclosed Articles of A	mendment and fee(s) are sub	omitted for filing.			
Please return all correspon	dence concerning this matter	to the following:	•		
	•. •	Name of Person			
		Firm/Company			
	1307 W DR MARTIN LUTHER KING JR BLVD				
	•				
	P	(V)			
		<u> </u>			
	OHO	CHRIS@HOTMAIL.COM to be used for future annual report n	√l of the tien \	en yer	
Park de la contraction de	·	•	offication)		
For further information co	ncerning this matter, please o	all:			
	IS ROUSEY	at (<u>813</u>)	239-6609		
Name of	Person	Area Code & Day	rtime Telephone Number		
Enclosed is a check for the					
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) S60.00 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/COU Registration Se Division of Cor Clifton Building 2661 Executive Tallahassee, FL	porations g Center Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HEALTHY QUEST FRU	IIT & VEGET	ABLE LLC				
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appea Liability Company)	rs on our records.)				
The Articles of Organization for this Limited Liability Company	were filed on	07/22/2010	and as	signed		
Florida document numberL10000077214						
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited lial	oility company he	<u>re</u> :				
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Comp	any," the designation "L	LC" or the	abbrevia	 ation	
Enter new principal offices address, if applicable:		, and and a 18 of the 18 of	70	200		
(Principal office address MUST BE A STREET ADDRESS)				-35 -	_	
			2 000	-	- salan	
			灣文	ف	السعادة ي	
Enter new mailing address, if applicable:			THE STATE OF	300	qasa	
(Mailing address MAY BE A POST OFFICE BOX)			30			
			616 FT	(a		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.		our records, <u>enter t</u>	he name (of the	<u>new</u>	
Name of New Registered Agent:					_	
New Registered Office Address:	F	ton Florida atuact = 1.1			-	
	Enter Florida street address					
	City	, Florida	Zip Code		—	
	City		zip Code	e		

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> **Name Address** Type of Action **MGRM** WILL CHAVEZ 1307 W DR M L K JR BLVD ☐ Add PLANT CITY FL 33563 Remove □ Add Remove ☐ Add Remove Remove <u>></u>-Add∧ <u>∵c</u> Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary) **NOVEMBER 23** Dated 2010 Signature of a member or authorized representative of a member CHRIS ROUSEY

Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00