L11000093461

(Requestor's Name)			
(Address)			
(Ad	idress)		
(Cit	y/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nar	ne)	
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			
<u> </u>			

Office Use Only



600214844686

12/05/11--01007--017 **25.00

SECRETARY OF STATE FALLAHASSEE. FLORID

C. LEWIS

DEC 6 2011

EXAMINER

COVER LETTER

Registration Section TO: Division of Corporations SUBJECT: ORLANDO 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: RUBIA M. MARINS Firm/Company 7251 HUNTERDON ANDO, FL 32835 RUBIA MAPINS @ HOTMAIL E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at 407 914 - 4220
Area Code & Daytime Telephone Number Enclosed is a check for the following amount:

\$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

\$30.00 Filing Fee &

Certificate of Status

\$25.00 Filing Fee

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

STREET/COURIER ADDRESS:

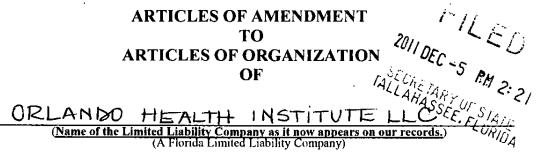
\$60.00 Filing Fee, Certificate of Status &

Certified Copy

(additional copy is enclosed)

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

ARTICLES OF AMENDMENT TO



Florida document number <u>L11</u>000093461

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the	limited liability company he	<u>re</u> :	
HEALTH QUARTERS L	LC		
The new name must be distinguishable and end with the "L.L.C."		any," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AL	DDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX	<u></u>		
B. If amending the registered agent and/or re registered agent and/or the new registered office a		our records, <u>enter the name of the new</u>	
Name of New Registered Agent:			
New Registered Office Address:			
	Ei	Enter Florida street address	
		, Florida	
	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

Page 1 of 2

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
-			Add Remove
			Add Remove
			Add Remove
.			Add Remove
 	<u>-</u>		Add Remove
			Add Remove
D. If ar	nending any other information, enter	change(s) here: (Attach additional s	2011 DE
			C-5 RM 2: 21 ANY UF STATE ANSSEE, FLORID
Dated _	NOVEMBER 23.	2011	P
	Ryma	Marin	
	Signature of a r	nember or authorized representative of a	member
	WOBIA	M. MAPINS	

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00