# #/ 12000029885

(Re	questor's Name)	
(Add	dress)	
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PICK-UP	MAIT	MAIL
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Certified Copies	Certificates	s of Status
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TAILAHASSEE, FLORIDA

K.SALY EXAMINER MAY -2 2013

#### **COVER LETTER**

TO:

Registration Section

Division of Corporations

# healthfulQuest Coaching 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:

### Marina de la Torre

## healthfulQuest Coaching LLC

Firm/Company

2750 Gulf Shore Blvd N. #402

Naples, FL 34103

info@healthfulguest.com

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

For further information concerning this matter, please call:

at (847)826-7774

Area Code & Daytime Telephone Number

Name of Person

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

FILED

13 APR 30 PM 3: 10

SECRETARY OF STATE
ALLAHASSEE, FLORIDA

healthfulQuest Coaching 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 2/29/12	and assigned
Florida document number L12000029885		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
MDLT INTERNATIONAL LLC		
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," the designation "I	LLC" or the abbreviation
Enter new principal offices address, if applicable:	2750 Gulf Shore Blvd. N.	
(Principal office address MUST BE A STREET ADDRESS)	#402	
	Naples, FL 34103	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street add	lress
	, 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 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 = Mai MGRM = M	nager Ianaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
~~~			Add
			Remove
			<u> </u>
			Add
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April 25	, <u>2013</u> .
•	
Signa	nture of a member or authorized representative of a member
Marina de la To	
ITIMI IU UU IU I	

Filing Fee: \$25.00