

L23000 253965

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

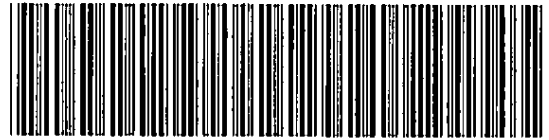
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600411204806

RECEIVED  
2003 JUL 26 PM 4:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2003 JUL 26 11:04

FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DRIVE

TALLAHASSEE, FL 32309

(850) 524-5437

(850) 524-6243

Please use funds from this account: I20210000160: \$25.00

Authorization Signature: *[Signature]* :

BROOKE VACKER ACUPUNCTURE LLC L23000253965

BUSINESS NAME DOCUMENT #

Certified Copy

Certificate of Status

**NEW FILINGS**

- Profit Corp
- Not for Profit
- Limited Liability**
- Domestication
- Other
- CORP
- LLLP

**AMMENDMENTS**

- X Amendment
- Resignation of R.A. Officer/Director
- Change of Registered Agent
- Revocation of Dissolution
- Merger
- Articles of Conversion
- Amended and restated Articles
- Statement of Authority

**OTHER FILINGS**

- Annual Report
- Fictitious Name
- APOSTILLE
- Country

**REGISTRATION/QUALIFICATIONS**

- Foreign filing
- Qualification for LLP
- Reinstatement
- Other

**EXAMINER'S INITIALS:** \_\_\_\_\_

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BROOKE VACKER ACUPUNCTURE 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:

BROOKE VACKER  
Name of Person

BROOKE VACKER ACUPUNCTURE LLC  
Firm/Company

209 2ND WAY  
Address

WEST PALMBEACH FL 33407 FL  
City/State and Zip Code

BROOKEVACKER.ACU@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BROOKE VACKER at ( 954 ) 2614843  
Name of Person 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 Address:  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

20080814

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

BROOKE VACKER ACUPUNCTURE 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 07/26/2023 and assigned Florida document number 1.23000253965.

This amendment is submitted to amend the following:

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

BROOKE VACKER ACUPUNCTURE LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

209 2ND WAY

**(Principal office address MUST BE A STREET ADDRESS)**

WEST PALM BEACH FL.33407

Enter new mailing address, if applicable:

209 2ND WAY

**(Mailing address MAY BE A POST OFFICE BOX)**

WEST PALM BEACH FL, 33407

**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:

BROOKE VACKER

New Registered Office Address:

209 2ND WAY

Enter Florida street address

WEST PALM BEACH


Florida 33407

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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager  
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	BROOKE VACKER	209 2ND WAY WEST PALM BEACH FL,33407	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	BROOKE VACKER	209 2ND WAY WEST PALM BEACH FL,33407	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

