

L10000088149

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers MAY 12 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Vet Vault, 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:

James R Turner

Name of Person

Vet Vault, LLC

Firm/Company

2378 Bent Tree Road #1815

Address

Palm Harbor, FL 34683

City/State and Zip Code

jim@turnertcs.com

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

For further information concerning this matter, please call:

James Turner

Name of Person

at 727 417-1088

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

Vet Vault, 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 08/23/2010 and assigned
Florida document number L10000088149.

This amendment is submitted to amend the following:

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

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

Enter new principal offices address, if applicable: _____

(Principal office address MUST BE A STREET ADDRESS) _____

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX) _____

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:

James R Turner

New Registered Office Address:

2378 Bent Tree Road #1815

Enter Florida street address

Palm Harbor

City

Florida 34683

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
MGR	James R Turner	2378 Bent Tree Rd	<input checked="" type="checkbox"/> Add
		#1815	<input type="checkbox"/> Remove
		Palm Harbor, FL 34683	
AMBR	Ellsworth Warmouth	6 Eagle Lane	<input checked="" type="checkbox"/> Add
		Palm Harbor, FL 34683	<input type="checkbox"/> Remove
MGRM	John E Pickens	1210 Bluffs Circle	<input type="checkbox"/> Add
		Dunedin, FL 34698	<input checked="" type="checkbox"/> Remove
MGRM	Ralph Dyer	439 Summit Chase Dr.	<input type="checkbox"/> Add
		Valrico, FL 33594	<input checked="" type="checkbox"/> Remove
MGRM	Christopher B. Labadie	8516 Sandy Beach St.	<input type="checkbox"/> Add
		Tampa, FL 33634	<input checked="" type="checkbox"/> Remove
MGRM	Judith R Sorensen	3050 Kevlyn Court	<input type="checkbox"/> Add
		Safety Harbor, FL 34695	<input checked="" type="checkbox"/> Remove

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

Remove additional members:

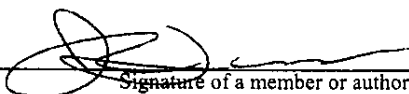
MGRM GEORGE ROE, 126 Annwood Rd, Palm Harbor, FL 34685

MGRM CHRISTOPHER M FITZPATRICK, 3435 Sweetwater Trail, Clearwater, FL 33761

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated APRIL 18, 2014.



Signature of a member or authorized representative of a member

James R Turner

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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