

C16000129231

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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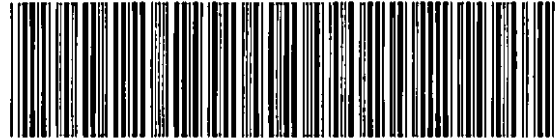
(Business Entity Name)

(Document Number)

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FILED  
18 JAN 26 AM 8:03  
TALLAHASSEE, FLORIDA

RECEIVED  
2018 JAN 26 PM 4:17  
TALLAHASSEE, FLORIDA

J. LEGGETT  
JAN 29 2018

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 042147 7266213

AUTHORIZATION :



COST LIMIT : \$ 25.00

ORDER DATE : January 26, 2018

ORDER TIME : 2:43 PM

ORDER NO. : 042147-005

CUSTOMER NO: 7266213

DOMESTIC AMENDMENT FILING

NAME: KALA JOHNSTON LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT  
       RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

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

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

KALA JOHNSTON 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 December 17, 2010 and assigned  
Florida document number L10000129231

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

14263 Powell Road

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

Spring Hill, Florida 34609

**Enter new mailing address, if applicable:**

14263 Powell Road

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

Spring Hill, Florida 34609

**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:**

Corporation Service Company

**New Registered Office Address:**

1201 Hays Street

Enter Florida street address

Tallahassee

Florida 32301

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.*

Roxanne Turner  
Asst. Vice President

*Roxanne Turner*  
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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
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		_____	<input type="checkbox"/> Change


ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 01-11-2001 BY 60322 UCBAW

**FILED**

18 JAN 26 AM 8 06

TALAMASEE CALIFORNIA

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 1-26 2018  
 By: Porte Veterinary Partners, LLC, its sole member  
 By: NewVetCo, Inc., its sole member  
 By:   
 Signature of a member or authorized representative of a member  
 Martin J. Stefanelli, President and Chief Executive Officer  
 Typed or printed name of signee