L11000127626

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APR 17 2020 S. YOUNG

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



UPPER KEYS VETERINARY HOSPITAL, LLC		2873 FTT 24	; PH 2: 1;7	
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number <u>L11000127626</u>	were filed on NOV, 8, 2011	and a	ssigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabile that the new name must be distinguishable and contain the words "Limited Liabile Liabile that the words "Limited Liabile that the words "Liabile the words "Liabile the words "Liabile the words "Liabile the w	ility company here: Flory da lity Company," the designation "LLC" or	the abbreviation	·L.L.C."	
Enter new principal offices address, if applicable:	R. H. FOLEY			
(Principal office address MUST BE A STREET ADDRESS)	1114 WEST US 90			
<u> </u>	GREENVILLE, FL 32331		 -	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	R. H. FOLEY	A	2020	
	P. O. BOX 369		20 1	
	ISLAMORADA, FL 33036	388 300 1417	الم	
B. If amending the registered agent and/or registered office :	address on our records, enter the		ew registered	
agent and/or the new registered office address here:		, , , , , , , , , , , , , , , , , , ,	5	
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street address			

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 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>	Name	Address	Type of Action
	N/A		□Add
			□Remove
			[] Change
	**************************************		□Add
			□Change
			□Add
			□Remove
			□Change
			[]Add
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Note:	ive date, if other than the date of filing: February 19, 2020 (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
e record	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
rd is fil	March 27, 2020
Dated .	2 1 2020 XIII (2020 XIII)
	Signature of a member or authorized representative of a member
	and the state of t

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