

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H110002907393)))



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Estimated Charge \$25.00

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COVER LETTER

TO;	Registration S Division of Co	Section orporations		· (((H11000290739 3)))
SUBJ	ECT:	The Pet Sto	p Mobile Clinic, LLC	
			ited Liability Company	
The er	iclosed Articles o	f Amendment and fee(s) are sul	omitted for filing.	
Please	return all corresp	ondence concerning this matter	r to the following:	
			Tina Zambrana	
			Name of Person	
Garzam Group I			Garzam Group LLC	
			Firm/Company	
		4970 S	W 72nd Avenue, Suite 105	
			Address	<u></u>
			Miami, FL 33155	
		· 	City/State and Zip Code	
		E-mail address: (na@petstopclinic.com to be used for future annual report notific	ation)
For fu	ther information	concerning this matter, please c	salf:	
Tina Zambrana			ar (87 Z) 5	77-3878
	Name	ot Perwon	Area Code & Dhyume	Telephone Number
Enclos	ed is a check for t	he following amount:		
₹ 25	i.00 Filing Foe	S30.00 Filing Fee & Certificate of Status	\$55,00 Filing Fee & Cortified 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

(((H110002907393)))

The Pet (Name of the Limited Line) (A Flori	Stop Mobile Clinic, LL bility Company as it now appear ida Limited Liability Company)	C son our records.
The Articles of Organization for this Limited Liability Florida document number L11000134013	· · · · ——	11/28/2011 and assigned
This amendment is submitted to amend the following	g:	TANK 10
A. If amending name, enter the new name of the	limited Hability company here	記で
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Compar	y," the designation "LLC of the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AL	ODRESS)	
Enter new mailing address, if applicable:		
(Muiling address MAY BE A POST OFFICE BOX		
B. If amending the registered agent and/or re registered agent and/or the new registered office s		or records, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:	Ente	er Florida street address
<u> </u>		, Florida
_	City	Zip Code

New Registered Agent's Signature, if changing Registored 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 Changing Registered Agent, Signature of New Registered Agent

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 = Ma		(((H1100029073	9 <u>3)))</u> -		
<u>Title</u>	Name	Address	Type of Action		
MGRM	TZPS Enterprises, LLC	4970 SW 72nd Avenue Suite 105 Miami, FL 33155	Add Remove		
MGR	Garzam Group LLC	4970 SW 72nd Avenue Sulte 105 Miami, FL 33155	Add Remove		
			Add Remove		
			Add Remove		
			Add Remove		
			Add Remove		
D. If amend	ling any other information, enter ch	ango(s) here: (Attach additional sheets, if neces.	sary.)		
Dated	December 12,	2011	·		
	Signature of a pre-	nber or authorized representative of a member			
		Paul A. Lester			

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Filing Fee: \$25.00