Division of Corporations

8/28/17, 3:55 PM

Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : EPGD ATTORNEYS AT LAW, P.A.

Account Number : 120140000049 : (786)837-6787

Phone Fax Number : (305)718-0687

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN THE PET STOP MOBILE CLINIC, LLC

| Certificate of Status | 0 |
|-----------------------|---------|
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S. WARREN

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Page 1 of 2

COVER LETTER

| TO: | Registration Se Division of Cor | | 2 N | |
|-------------|------------------------------------|---|--|--|
| | | STOP MOBILE CLINIC, LLC | | |
| SUBJI | ECT: | Name of Limi | red Liability Company | |
| The ex | nclosed Articles of | Amendment and fee(s) are sub- | niued for filing. | |
| | | ondence concerning this matter | | |
| | | Eric P. Gros-Dubois | | |
| | | | Name of Person | |
| | | EPGD Attorneys at Law, P. | Α. | |
| | | | Figur/Company | |
| | | 2701 Ponce de Leon Blvd, | Suite 202 | |
| Address | | | Address | |
| | | Coral Gables, FL 33134 | | |
| | | | City/State and Zip Code | |
| | | eric@epgdlaw.com | | |
| | | E-mail address: (| o be used for future annual report no | nilication) |
| For fu | unher information | concerning this matter, please co | aff: | |
| Eric I | P. Gros-Dubois | | 786 837-6787 | |
| | Name | of Person | Area Code Dayti | me Telephone Number |
| Enclo | sed is a check for | the following amount: | | |
| ₽ Si | 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) |
| | Regis Divis P.O. 1 | LING ADDRESS: tration Section ion of Corporations Box 6327 nassee, FL 32314 | STREET/COU Registration Sec Division of Corp Clifton Building 2661 Executive Tallahassec, Ft. | norations Center Circle |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| THE PET STOP MOBILE CLINICALLO | | |
|---|--|---|
| (Name of the Limited Liability (A Florida Li | Company as it now appears on ou mited Liability Company) | r resords.) |
| The Articles of Organization for this Limited Liability Con Florida document number | npany were filed on | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limite | d liability commany here: | |
| The new name must be distinguishable and contain the words "Limite | d Liability Company," the designat | on "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRE | <u>SS)</u> | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| B. If amending the registered agent and/or registered agent and/or the new registered office address Name of New Registered Agent: | ss here: | |
| New Registered Office Address: | | |
| New Registered Office Address? | Enter Florida str | ect address |
| | Cits ^{i ∨} | Florida |
| notación de la composição | • | 24. |
| New Registered Agent's Signature, if changing Registered | | sing I forether narry to county with the |
| I hereby accept the appointment as registered agent as provisions of all statutes relative to the proper and conaccept the obligations of my position as registered age being fited to merely reflect a change in the registered company has been notified in writing of this change. | inplete performance of my a ent as provided for in Chapa I office address. I hereby co | er 605, F.S. Or if this document is infirm that the limited liability |
| | If Changing Registered Agent, | ignature of New Registered Agent |
| | Page 1 of 3 | . 02 |

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> Fitle</u> | Name | Address | Type of Action |
|---------------|--|------------------------------------|-------------------|
| MGR | Tina Zambrana | 12079 SW 131 AVE, Miami, FL 33186 | |
| | | | ■ Remove |
| | | | Change |
| MGR | The Pet Stop Mobile Clinic Holding, U.C. | 12079 SW 131 AVE, Miami, FL 331 86 | Add |
| | | | ☐ Remove |
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| Yesting data if other than the date | o of filing: | (optional | 1) |
| on effective date is listed, the date must be sp | e of filing: pecific and cannot be prior to date of filing or a does not meet the applicable statutory filin | ere than 90 days after film | g.) Pursuant to 605.0 e will not be listed |
| ote: If the date inserted in this block do becoment's effective date on the Departi | ioes not inter the applicance statute. | £ 104,000 | |
| | | | |
| | ective date thut not an effective t | ime, at 12:01 a.m | , on the earlier |
| e record specifies a delayed eff | is filed. | | |
| e record specifies a delayed eff The 90th day after the record | is filed. | | |
| August 28 | 2017 | | |
| August 28 | is filed. | | |
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| August 28 atedSign | is filed. | : of a member | T AUG |
| August 28 ated | 2017 2017 District of anthember by authorized representative | ; of a member | 17 AUG 2 |
| August 28 Sign | 2017 ———————————————————————————————————— | : of a member | 17 AUG 28 |
| Sign | 2017 2017 District of anthember by authorized representative | e of a member | 17 AUG 2 |