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JUN - 5 2019

COVER LETTER

	gistration Se vision of Cor			
SUBJECT	My Anima	I Vet Mobile Service LLC		
JOBSECT	•	Name of Lim	ited Liability Company	-
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retur	n all correspo	indence concerning this matter	to the following:	
		Sandra Hoshor		· · · · · · · · · · · · · · · · · · ·
		S II Hoshor CPA	Name of Person	
			Firm/Company	-
		1035 S State Rd 7 Suite 31	13	J. D
		Wellington, FL 33414	Address	25
		sandy@shoshorcpa.com E-mail address: (City/State and Zip Code to be used for future annual report notification)	-
For further	information c	oncerning this matter, please or		
Sandra Hos	shor		561 434-1655	
	Name o	f Person	Area Code Daytime Telephone Numl	per
Enclosed is	a check for th	ne following amount:		
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certifi (additional copy is enclosed) Certifi	Filing Fee, cate of Status & ed Copy nal copy is enclosed)
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section on of Corporations ox 6327 assec, FL 32314	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassec, FL 32301	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

My Animal Vet Mobile Service LLC							
(<u>Name of the Limited[Lial</u> (A Flo	bility Compa orida Limited I	ny as it now .iability Con	appears on o ipany)	ur records.)			
The Articles of Organization for this Limited Liability Florida document number L12000017518	y Company 	were filed	on <u>02-06-13</u>	2		_ and a	ssigned
This amendment is submitted to amend the following	1.						
A. If amending name, enter the new name of the li	limited liab	lity comp	any here:				
The new name must be distinguishable and contain the words "I	t finite of t fatil	·	. " Maria dissilara	·i ur t com			
The new name must be distinguishable and contain the words.	Limited Liabii	ny Company	7. the designa	tion t.r.c o	· me abort	· ii	1. c 4
Enter new principal offices address, if applicable:					-	<u></u> -	<u> </u>
(Principal office address MUST BE A STREET AD	DRESS)					 -	
					<u> </u>	لب	
					1 	<i>.</i>	
Enter new mailing address, if applicable:							
(Mailing address MAY BE A POST OFFICE BOX)	<u>)</u>				**	0-	
B. If amending the registered agent and/or registered agent and/or the new registered office and Name of New Registered Agent:	• •		ess on our	records,	enter th	e name	of the 1
New Registered Office Address:		Ex	iter Florida str	eet address		<u> </u>	
				, Flori	da		
	f New Registered Agent: egistered Office Address: Enter Florida street address , Florida City Zip Code						
New Registered Agent's Signature, if changing Registe	ered Agent:						
I hereby accept the appointment as registered age provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this change	d complete Lagent as p ered office	performat rovided f	nce of my d or in Chapt	uties, and er 605, F.:	I am fan S. Or, if	niliar w this doc	ith and ument is
	If Chai	ging Regist	ered Agent, <u>S</u>	ignature of ?	vew Regis	tered Age	<u>ent</u>

Page 1 of 3

	g Authorized Person(s) authorized to from our records:	manage, enter the title, name, and addre	ss of each person being a
MGR = M AMBR = A	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Actio
AMBR	Brian Dixon	2680 Country Gulf Drive Wellington, FL 33414	■ Add
			Петюче
			Change
AMBR	Walter Obrien	2680 Country Gulf Drive Wellington, FL 33414	
			□ Remove
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ffective date, if other than the an effective date is listed, the date mu		be prior to date of t	iling or more tha	(option 190 days after	nal) filing.) Pi	ursuant to 605	5.02
lote: If the date inserted in this bocument's effective date on the I	lock does not meet the	applicable statut					
	·						
e record specifies a delaye The 90th day after the rec		ut not an effe	ective time,	at 12:01 a	.m. on	the earli	er
The soul day after the rec	cord is filed.						
ated May 16	2019						
		no all					
	Signature of a member	or authorized repre	escutative of a m	ember			
Iean Obero	\ /1						
Jean Oberg	Typed	or printed name of	sign¢e/				
Jean Oberg	Typed	or printed name of	signee				

Filing Fee: \$25.00