## L17000215567

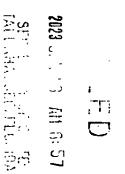
(Requestor's Name)
(Address)
(nutress)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
,,
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
<u> </u>

Office Use Only



300400018093

01/13/23--01009--011 \*+25.00



## **COVER LETTER**

TO: Registration Se Division of Cor		:				
	CWH I	OLDINGS, LLC				
SUBJECT:	Name of Lan	ned Lability Company		<del></del>		
	Amendment and fee(s) are sub- malence concerning this matter					
	William Ratterree, DV	M				
		Name of Person	· · · · · · · · · · · · · · · · · · ·			
Fetch Vetermary Group						
Firm Company					<b>2023</b> SF:	
3364 Woods Edge Circle				<u></u> 2		
Address			<u>c</u> ,	., .:	. []	
Bonita Springs, FL 34134				## 8: <b>5</b>		
City State and Zip Code wratterree(a, gmail.com					8: <b>57</b>	
		to be used for future annua	Treport notification)			
For further information c	concerning this matter, please c	all;				
Daniel Sullry	Tett .	865 11	384 - 2509			
Nume o	d Person	Area Code	Daytime Feleph	one Number	<u> </u>	
Enclosed is a check for the	he following amount:					
■ \$25.00 Fifting Fee	☐ \$30,00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)  □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			Status &	
Mailing Address Registration 9 Division of C	Section	Regist	Address: ration Section on of Corporation	ons		

P.O. Box 6327 Taliahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	CWR HOLI	DINGS, LLC		
(Name of the Limit	ed Liability Compa (A Florida Limited)	nv as it now appears	on our records.)	
he Articles of Organization for this Limited Liability Company		were filed on	10/18/2017	and assigned
lorida document numberL17000215567	·			
his amendment is submitted to amend the follo	wing;			
. If amending name, enter the new name of	the limited liab	ility company her	<u>ឌ</u> :	
S.A.				
he new name must be distinguishable and contain the w	ords "Limited Liabi	hty Company," the des	ignation "LLC" or th	
Enter new principal offices address, if applicable:		N'A		2023 TALL
Principal office address MUST BE A STREET ADDRESS)				<u> </u>
Enter new mailing address, if applicable:		N/A		
Mailing address MAY BE A POST OFFICE	<u>BOX)</u>			- <del>54</del> -6
3. If amending the registered agent and/or regent and/or the new registered office address  Name of New Registered Agent:	•	address on our rec	ords, <u>enter the t</u>	tame of the new regist
New Registered Office Address:	N/A		<del></del>	
		Enter Florid	a street address	
			, Florid:	
		Cav		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.

or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Actio
AR	William O. Ratterree	3364 WOODS EDGE CIRCLE	□Add
		BONITA SPRINGS, FL 34134	□Remove
			<b>≘</b> Change
AMBR	Fetch Veterinary Group LLC	3350 Woods Edge Circle	—————————————————————————————————————
		Suite 401	□Remove
		Bonita Springs, FL 34134	[i]Change
			□Add
			□Remove
			Change 1
			Remover Change
			□Remove
			□Change
			□Add
			□Remove
			⊟Change

N/A	her information, enter change(s) here: (Attach additional sheets, if necessar	<i>y.)</i>	
		<del></del>	<del></del>
			·
		<del></del>	
<del></del>		·	
			<del></del>
<del></del>			
		-	
		<del></del>	
<del></del>			
live date, if other	r than the date of filing: N/A - Date of filing (optional)		
	the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)  If the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)  If the Department of State's reported.	Pursuan ell eor	t to 60: he lies
ient's effective date	te on the Department of State's records.	- 121 4,435	
alam de			
d specifies a delayo	red effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The	90th da	ay afte
lea.			
leđ.		77	2
led. January 1	2023	= 4	~~
<b>-</b> :	· · · · · · · · · · · · · · · · · · ·	Str	2023 J
<b>-</b> :	· · · · · · · · · · · · · · · · · · ·	SET	
	· · · · · · · · · · · · · · · · · · ·	SFR SFR SFR	
<b>-</b> :		SET CHARLES	

Filing Fee: \$25.00