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Certified Copies	_ Certificates	of Status
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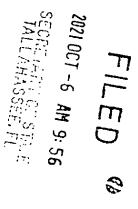


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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: YARBROUGH &	RABENSTEIN, DVM, PA	
DOCUMENT NUME	BER: P15000065004		
	of Amendment and fee are sul	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Andrew T. Lavin, Esq.		
		Name of Contact Person	1
	Lavin Law Group, P.A.		
		Firm/ Company	
	2670 NE 215 Street		
		Address	
	Miami, Florida 33180		
		City/ State and Zip Code	
	alavin@lavinlawyers.com		
	E-mail address: (to be us	ed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
Scott E. Tuckman		at (<u>561</u>	866-4909
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation

YARBROUGH & RABENSTEIN, DVM, PA	
(Name of Corporation as currently	filed with the Florida Dept. of State)
P15000065004	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Fits Articles of Incorporation:	Iorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
YARBROUGH & ASSOCIATES, DVM, PA	The new
name must be distinguishable and contain the word "corporation," "co" "Inc.," or Co.," or the designation "Corp," "Inc." or "Co". A "chartered," "professional association," or the abbreviation "P.A."	mpany," or "incorporated" or the abbreviation "Corp" professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address: Name of New Registered Agent	SECTION FOR SECTION SE
(Florida stree	et address)
New Registered Office Address:	, Florida
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar we	City) (Zip Code) ith and accept the obligations of the position.
Signature of New Re	gistered Agent, if changing
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c)	e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation. Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	RUSSELL W. RABINSTEIN	15390 TAKE OFF PLACE
Add	_		WELLINGTON, FL 33414
X Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	v). (Be specific)			
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	b.a	ation or appeallati	an afticaund char	or.
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date this document was signed.	
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this document's effective date on the	a block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareholder action and shareholder
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) e sufficient for approval.
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
must be separately provided	
must be separately provided 'The number of votes company by October Dated Signature	for each voting group entitled to vote separately on the amendment(s): ast for the amendment(s) was/were sufficient for approval (voting group) 5, 2021
The number of votes comby October Dated Signature (By sele	for each voting group entitled to vote separately on the amendment(s): ast for the amendment(s) was/were sufficient for approval (voting group)
The number of votes comby October Dated Signature (By sele	ast for the amendment(s) was/were sufficient for approval (voting group) 5, 2021 director, president or other officer – if directors or officers have not been acted, by an incorporator – if in the hands of a receiver, trustee, or other court
The number of votes comby October Dated Signature (By sele	ast for the amendment(s) was/were sufficient for approval (voting group) 5, 2021 director, president or other officer – if directors or officers have not been acted, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)

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