512188

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SECRETARY OF STATE
TALLAHASSEF

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7/9/21

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Venice Animal Cli	ninc, Inc	
DOCUMENT NUM	512188/		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Kathy Garner		
		Name of Contact Person	
	Venice Animal Clinic, Inc		
		Firm/ Company	
	1267 US 41 By Pass South		
		Address	
	Venice, Fl 34285		
		City/ State and Zip Code	
	VeniceAnimal@aol.com		
	.	sed for future annual report	notification)
	on concerning this matter, pleas		400 7701
Kathy Gamer		at (94 l) 468-7761
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:
■ \$35 Filing Fœ	☐ \$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	iling Address		Address
•	endment Section ision of Corporations		ment Section n of Corporations
	Box 6327		entre of Tailahassee
	lahassee, FL 32314		N. Monroe Street, Suite 810
	•		ssee, FL 32303

Articles of Amendment to Articles of Incorporation of

Venice Animal Clinic, Inc.				
(Name	of Corporation as currently	filed with the Florida Dept.	of State)	
512188				
	(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	1006, Florida Statutes, this F	Torida Profit Corporation add	opts the following ar	nendment(s) to
A. <u>If amending name, enter the new n</u>	ame of the corporation:			
			Th	ie new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	Corp," "Inc," or "Co". A			
B. Enter new principal office address. (Principal office address MUST BE A S				2
	,		<u> </u>	
			<u>></u> \\	7 000
C Butuu waxaa adaa Waad	! k .		RY A	-1
C. Enter new mailing address, if appl (Mailing address MAY BE A POST			<u>SSR</u>	<u> </u>
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				0 3
D. If amending the registered agent ar new registered agent and/or the ne			e of the	
Name of New Registered Agent	Kathy Garner			
	1267 US 41 By Pass South	Venice, Fl 34285		
	(Florida sire	ret address)		
New Registered Office Address:			Florida	
THE STATE OF THE S		(City)	(Zip Code	e)
New Registered Agent's Signature, if a I hereby accept the appointment as regis			of the position.	
·	\			
4	2 pever			
	Signature of New Re	gistered Agent, if changing		
	-			

Check if applicable

■ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (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)

Example:

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	PT Jo	ohn Doe	
X Remove	<u>v</u> <u>n</u>	fike Jones	
_X Add	<u>sv</u> <u>s</u>	ally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	P	Terry L Garner, DVM	1267 US 41 By Pass South
Add		- , , ,	Venice, Fl 34285
X Remove			
2) Change	<u>v</u>	Kathy K. Garner	1267 US 41 By Pass South
Add			Venice, Fl 34285
X Remove 3) Change	PVST	Kathy K Garner	
X Add			1267 US 41 By Pass South
Remove			Venice, Fl 34285
4) Change		· · · · · · · · · · · · · · · · · · ·	
Add			
Remove			
5) Change			
Add			
Remove			
(f) Change			
Add			
Remove			

If amending or adding additional As (Attach additional sheets, if necessary)	ricies, enter changeist here:). (Be specific)
······································	
······································	
If an amendment provides for an exprovisions for implementing the an (if not applicable, indicate N/A)	schange, reclassification, or cancellation of issued shares, mendment if not contained in the amendment itself:

	3-01-21	
The date of each amendment(s) ad	option:	if other than the
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 bl document's effective date on the De	lock does not meet the applicable statutory filing requirements, this date will not partment of State's records.	t be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without shareholder action and sha	reholder
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
· ·		
by	(voting group)	
6-4- 21		
Dated <		
Signature	Quener	
	rector, president or other officer - if directors or officers have not been	
	l, by an incorporator - if in the hands of a receiver, trustee, or other court	
	ed fiduciary by that fiduciary)	
	Kathy Garner	
•	(Typed or printed name of person signing)	
	PVST	
•	(Title of person signing)	