734195

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION		inary Medical Associat	ion INC	
DOCUMENT STANDED	734195			
DOCUMENT NUMBER:				· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of An	nendment and fee are sub	mitted for filing.		
Please return all correspond	ence concerning this mat	ter to the following:		
Sharon MacIvor DVM				
		(Name of Contact Per	rson)	
South Florida Veterinary M	edical Association INC			
	· · ·	(Firm/ Company))	
10801 SW 88th Court				
		(Address)		
Miami FL 33176				
		(City/ State and Zip C	'ode)	
miamivet1@gmail.com				
	-mail address: (to be use	d for future annual repo	ort notification	1)
For further information con-	cerning this matter, pleaso	e call:		
Sharon MacIvor DVM		at	305	915-2466
	(Name of Contact Person			(Daytime Telephone Number)
Enclosed is a check for the	following amount made p	ayable to the Florida D	epartment of	State:
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi) Filing Fee cate of Status ed Copy ional Copy is sed)
Mailing A	Address	Stre	eet Address	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

South FLorida Veterinary Medical Association Inc (Name of Corporation as currently filed with the Florida Dept. of State) 734195 (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. 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 in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: (Florida street address) New Registered Office Address: _. Florida ___ (City) (Zip Code)

rereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

ew Registered Agent's Signature, if changing Registered Agent:

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 = ChiefExecutive 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

Example: X Change X Remove X Add		<u>Doe</u> Jones <u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) x Change Add	Pres	Sharon MacIvor DVM	10801 SW 88th Court Miami FL 33176
Remove			
2) Change Add	<u>T</u>	Robert Swinger DVM	2667 E Commercial BLVD Ft Landerdale FL 33308
Remove 3) Add Remove	Ъ	Jaclyn Duenas DVM	8776 SW 72nd Ave Miami FL 33176
4) Change Add	<u></u>		
Remove Change Add			
Remove			
Change			
Remove			
If amending or add		rticles, enter change(s) here: (Be specific)	
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he date of each amendment ite this document was signed	t(s) adoption: _ .						, if other than the
fective date <u>if applicable</u> :	12/1/2020						
a applicable	(no	more than 90	days after an	sendment file a	late)		
te: If the date inserted in the nument's effective date on the	nis block does no	ot meet the ap	plicable statut			date will not b	e listed as the
option of Amendment(s)	(<u>C</u>	HECK ONE)				

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

J	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
	12/1/2020 Dated
	Signature Sherry Mortie, Will
	(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	Sharon MacIvor DVM
	(Typed or printed name of person signing)
	President
	(Title of person signing)