# Laboaray34

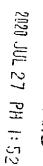
(R	equestor's Name)
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PICK-UP	MAIL MAIL
(B	usiness Entity Name)
(D)	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer:

Office Use Only

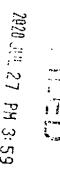


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JUL 2 8 2020 S. YOUNG



# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Chinney Lakes Anir	nal Hospital, LI	.c.	
<u> </u>	,,,,,		
	-		
			Art of Inc. File
		<del>-</del>	LTD Partnership File
		) —	Foreign Corp. File
		-	L.C. File
			Fictitious Name File
		_	Trade/Service Mark
		-	Merger File
			Art, of Amend, File
		_	RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
		_	Cert. Copy
		_	Photo Copy
		_	Certificate of Good Standing
			Certificate of Status
			Certificate of Fictitious Name
			Corp Record Search
		_	Officer Search
		-	Fictitious Search
Signature			Fictitious Owner Search
-			Vehicle Search
	- <del></del>		Driving Record
Requested by: SETH	07/27/20	_	UCC 1 or 3 File
Name		Time —	UCC 11 Search
· · · · · · · · · · · · · · · · · · ·	Date		UCC 11 Retrieval
Walk-In	Will Pick Up		Courier

# **COVER LETTER**

		istration Sec sion of Corp						
SUBJEC		Chimney La	Chimney Lakes Animal Hospital, LLC  Name of Limited Liability Company					
SCIGEC.	.1.	<del></del> .						
The enclo	osed	Articles of A	mendment and fec(s) are su	bmitted for filing	·,			
Please ret	turn i	all correspon	dence concerning this matte	r to the following	::			
		Micheal Dressel, DVM						
				Name of P	erson		······································	
			Chimney Lakes Animal F	Hospital, LLC				
			**************************************	Firm/Com	pany		<del>·                                      </del>	
			8415 Cheswick Oak Aver	nue Unit l				
				Addres	22	<u>.</u>	<del></del>	
			Jacksonville, FL 32244					
				City/State and	Zip Code			
			spookdad7@gmail.com				** <del>**</del>	
T		·		(to be used for futu	re unnust repor	1 notification)		
ror runne	r m	ormation coi	ecerning this matter, please o	call:				
Michael I	Dres:	sel, DVM		904 at {	. 742-859	<b>)</b> 1		
		Nune of I	Person		lode Da	aytime Telepho	one Number	
Enclosed i	isac	check for the	following amount:					
<b>≅</b> \$25.0	10 Fil	ling Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Fil Certified (additional			\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
F D P	Regi Divi P.O.	ng Address; stration Se sion of Cos Box 6327 shassee, FI	rporations	i !	Street Addres Registration Division of The Centre 2415 N. Mo Tallahassee	Section Corporation of Tallahas onroe Stree	ssee t, Suite 810	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2020 JUL 27 PH 3: 59

Chimney Lakes Animal Hospital, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\underline{02/28/2000}$ \_\_\_\_ and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Hat Creek Hunting Club, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C" or the abbreviation "L.L.C." 5225 Hogarth Road Enter new principal offices address, if applicable: Green Cove Springs, FL 32043 (Principal office address MUST BE A STREET ADDRESS) 5225 Hogarth Road Enter new mailing address, if applicable: Green Cove Springs, FL 32043 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Emer Florida street address \_, Florida \_

### 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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR =	Manager		
	= Authorized Member		

Title	Name	Address	Type of Action
NA			DAdd
			□Remose
			OChunge
			□Add
			Remove
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, amene	ling any other information, enter change(s) here: tAttach additional sheets, if necessary.
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Note: If	date, if other than the date of filing:  (optional)  (we date is threed, the date must be specific and council be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as it's effective date on the Department of State's records.
record : Listilee	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the l.
oated	Midselfiessel, Del
	Signification of a member or authorized representative of a member
	Michael Dressel, DVM
	Typed or printed name of signee

Filing Fee: \$25.00