

Florida Department of State
Division of Corporations
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LO00000016128

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PETERSON & SMITH EQUINE HOSPITAL, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

FEB 15 2018
J. HARRIS

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**AMENDED AND RESTATED
ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY**

WHEREAS, the Articles of Organization of PETERSON & SMITH EQUINE HOSPITAL, LLC (the "Company") were filed with the Florida Department of State on December 27, 2000 and assigned Document Number L00000016128; and

WHEREAS, it is the intention of the members and managers of the Company that the Articles of Organization of the Company be amended and restated effective immediately upon filing with the Florida Department of State.

NOW, THEREFORE, the Articles of Organization of the Company are hereby amended and restated as follows:

ARTICLE I - Name

The name of the Limited Liability Company is:

PETERSON & SMITH EQUINE HOSPITAL, LLC

ARTICLE II - Street Address

The street address of the principal office of the Limited Liability Company is as follows:

4747 SW 60th Avenue
Ocala, Florida 34474

ARTICLE III - Mailing Address

The mailing address of the principal office of the Limited Liability Company is as follows:

4747 SW 60th Avenue
Ocala, Florida 34474

ARTICLE IV - Management

The Company shall be managed by one or more managers, and is thus a manager-managed limited liability company.

**ARTICLE V - Registered Agent and Office and
Registered Agent's Signature**

The name and the Florida street address of the registered agent are:

Corporation Company of Orlando
300 South Orange Avenue
Suite 1600 (BRR)
Orlando, Florida 32801

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Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this Certificate, 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 relating 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, Florida Statutes.

CORPORATION COMPANY OF ORLANDO

By: 

(Registered Agent's Signature)

J. Gregory Humphries, Vice President


Signature of a member or an authorized representative of a member.
Philip M. Matthews, Authorized Representative

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, Florida Statutes)

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