## KOI 0000 10222

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5ECRETARY OF STATE
TALLAHASSEE, FATE

Y. SCOTT FEB 1 5 2022

## **COVER LETTER**

Division of Co			ν.		
Central Flo	rida Veterinary Practice LLC				
SUBJECT:			· · · · · · · · · · · · · · · · · · ·	•	
	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Herbert Daniel				
		Name of Person		_	
	Central Florida Veterinary l	Practice LLC		DOZZ F	-T1
	· · · · · · · · · · · · · · · · · · ·	Firm/Company		FEB -7  CRETAR  ALLAHA	-
	1625 Glenwick Dr,			HAST P	
	<del></del>	Address		Y OF STA	
	Windermere FL 34786			STATE	, 5
	madrasvet@yahoo.com	City/State and Zip Code		_ •	
	E-mail address: (t	o be used for future annual report noti	fication)		
For further information c	oncerning this matter, please ca	d1:			
Herbert Daniel		407 865-0807			
Name o	f Person	at () Area Code Davtim	e Telephone Numbe	<del></del>	
		•	·		
Enclosed is a check for the	he following amount:				
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ate of Status &	
Mailing Addres Registration S		Street Address: Registration Sec	ction		
Division of C	corporations	Division of Cor	porations		
P.O. Box 6327		The Centre of T	allahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Florida document number  This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" or the abb	Central Florida Veterinary Practice LLC		
Plorida document number    Lol(XXXXXIII)   Lol(XXXXIII)   Lol(XXXIIII)   Lol(XXXIIII)   Lol(XXXIIII)   Lol(XXIIIII)   Lol(XXIIIIII)   Lol(XXIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	( <u>Name of the Limited Liabi</u> (A Florid	ility Company as it now appears on our record da Limited Liability Company)	<u>ds.</u> )
A. If amending name, enter the new name of the limited liability company here:  the new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC".  Inter new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)  Inter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office address on our records, enter the name of the new gent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address		Company were filed on June 25, 2001	and assigned
nter new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LL."  Inter new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)  Inter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office address on our records, enter the name of the new gent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address	nis amendment is submitted to amend the following:		
Inter new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)  Inter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office address on our records, enter the name of the new gent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Enter Florida street address	. If amending name, enter the new name of the lin	mited liability company here:	
Enter new mailing address, if applicable:  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 gent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address	e new name must be distinguishable and contain the words "Lin	imited Liability Company," the designation "LLC	C" or the abbreviation "L.L.C."
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New Registered Office Address:  Enter Florida street address			
Enter Florida street address	Name of New Registered Agent:		
	New Registered Office Address:	Estas Elevido etmat addus	
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, Florida, Zin Cade	<del></del>	<del></del>	

## 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 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	:	Type of Action
				_ 🗆 Add
				_ □Remove
				_ 🗆 Change
			_ □Add	
			_ □Remove	
			2022 FEB +7 SECRETARY SALLA IA	_ Change
			2 FEB +7 PM 3: 18 CRETARY OF STATE ALLA JASSEE, FL	
			FL FL	_ Change
				_ 🗆 Add
				_ □Remove
				_ 🗆 Change
		<del></del>	, <u> </u>	_ □ Add
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				_ □Change
			_ 🗇 Add	
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Dr.Samson Daniel, President,	CEO 31%		•		
Dr.Gideon Daniel , Vice Pres	dent 31%			· · · · · · · · · · · · · · · · · · ·	
Dr.Herbert Daniel, Operating	MGR / Treasurer 19%	Vo			<del></del>
Mrs.Rita Herbert , Member 1	) <sub>%</sub>				
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******				<u>.</u>	
ective date, if other than the	date of filing:			(optional)	
n effective date is listed, the date mus te: If the date inserted in this bl	be specific and cannot b	be prior to date of	filing or more than	90 days after filing.)	
rument's effective date on the De	epartment of State's re	ecords.			
cord specifies a delayed effective	e date, but not an effec	ctive time, at 12	:01 a.m. on the e	arlier of: (b) The	e 90th day after the
s filed.				` '	·
January 31, ted	2022				
	· · · · · · · · · · · · · · · · · · ·	eci-	0		
	Signature of a member	uu-	<i></i>		

Typed or printed name of signee