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DIVISION OF CORPORATIONS
11 FEB 10 AM 11:26

T. HAMPTON

FEB 11 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Animal Emergency Hospital Volusia
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Diane A. Johnson DVM
Name of Person

Animal Emergency Hospital Volusia
Firm/Company

350 N. Causeway
Address

New Smyrna Beach, FL 32169
City/State and Zip Code

WRKS Fourme@gmail.com or
E-mail address: (to be used for future annual report notification)
TEAMARK@aol.com

For further information concerning this matter, please call:

Diane A. Johnson DVM at (904) 424-5517
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$25.00 Filing Fee ☒ \$30.00 Filing Fee & Certificate of Status ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

11 FEB 10 AM 11:24

Animal Emergency Hospital - Volusia 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 1-18-2011 and assigned
Florida document number CP 575 A.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

(same)

918 Ridgewood Ave
Holly Hill, FL 32117

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

350 N. Causeway
New Smyrna Beach
FL 32169

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:

Diane A. Johnson DUM

New Registered Office Address:

918 Ridgewood Ave

Enter Florida street address

Holly Hill

City

Florida 32117

Zip Code

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 608, 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.

[Signature]
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member


<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
DVM	Diane A. Johnson MANAGING MEMBER		<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MD	Tania Marchand member		<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
DVM	Laura L Williams		<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Employer Identification Number:
27-4570956

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Dated 2-7-2011


Signature of a member or authorized representative of a member

Diane A. Johnson DVM
Typed or printed name of signee