

L06000043992

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

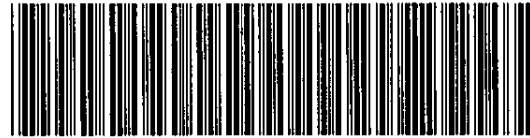
(Business Entity Name)

(Document Number)

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2013 DEC 30 PM 5:10  
TALLAHASSEE, FL 32309

B. J. S. TUCK

JAN - 7 2013

EX-100

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Animal Hospital of the Emerald Coast, PL

(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 4/27/2006 and assigned  
Florida document number LD6000043992

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)

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 registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

James A. Culo HA

350 E Miracle Strip Pkwy

Mary Estau

Enter Florida street address

Florida

City

Zip Code

FL 32569

**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.

James A. Culo  
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>
MGR	James A. CuloHA	350 E Miracle Strip Pkwy.	<input checked="" type="checkbox"/> Add
		Mary Esther FC 32569	<input type="checkbox"/> Remove
mgr	Laurel L. Torrea		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<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

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

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Dated

December 6 2013

Signature of a member or authorized representative of a member

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2013 DEC 30 PM 5:10  
FALL RIVER, MA  
FALL RIVER, MA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 20, 2013

JAMES A. CULOTTA  
350 E. MIRACLE STRIP PKWY  
MARY ESTHER, FL 32569

SUBJECT: ANIMAL HOSPITAL OF THE EMERALD COAST, PL  
Ref. Number: L06000043992

2013 DEC 30 PM 5:10  
TALLAHASSEE, FLORIDA

We have received your document for ANIMAL HOSPITAL OF THE EMERALD COAST, PL and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered agent must be at a Florida street address.

Please check the add or remove box for the MGR/MGRM and list the complete addresses.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick  
Regulatory Specialist II

Letter Number: 213A00028952



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 5, 2013

JAMES A. CULOTTA  
350 E. MIRACLE STRIP PKWY  
MARY ESTHER, FL 32569

SUBJECT: ANIMAL HOSPITAL OF THE EMERALD COAST, PL  
Ref. Number: L06000043992

2013 DEC 30 PM 5:10  
TALLAHASSEE, FL 32314

We have received your document for ANIMAL HOSPITAL OF THE EMERALD COAST, PL and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick  
Regulatory Specialist II

Letter Number: 213A00027788