

L07000091493

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(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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JAN 03 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Park Avenue Animal Hospital, LLC

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:

Richard Rubinstein

Name of Person

Park Avenue Animal Hospital, LLC

Firm/Company

*New
address*

21703 Hidden Creek Lane

Address

(21703 Hidden Creek Ln)

Mt. Dora, FL 32757

City/State and Zip Code

Mt. Dora, FL 32757

*(new)**

seavervet@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Richard Rubinstein

Name of Person

407

880-9446

at (_____) _____
Area Code

Daytime Telephone Number

or 407-404-2185

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**

Park Avenue 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 12-27-2016 and assigned
Florida document number L07000091493.

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 "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)

21703 Hidden Creek Lane

Mt. Dora, FL 32757

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:

Enter Florida street address

City, Florida 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 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

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Theresa Rubinstein	21703 Hidden Creek Lane	<input checked="" type="checkbox"/> Add
		Mt. Dora, FL 32757	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Richard Rubinstein	21703 Hidden Creek Lane	<input type="checkbox"/> Add
		Mt. Dora, FL 32757	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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 TALLAHASSEE, FLORIDA

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record 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 record is filed.

12-27-16

Ad H

Signature of a member or authorized representative of a member

Typed or printed name of signee

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2018 FEB 20 A 10:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA