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B JUN 23 PM 2: 11
SECRELARY OF STATE

T. HAMPTON
JUN 2 4 2008
EXAMINER

COVER LETTER

TO: Registration S Division of Co			
SUBJECT: Immun	o-Genic Vet, LLC		0
•		nited Liability Company)	
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Mary E. Brown		
		(Name of Person)	"
	Immuno-Genic Vet, LLC		
		(Firm/Company)	
	921 South Ridgewood A	venue	
		(Address)	
	Daytona Beach, Florida	32114	
		(City/State and Zip Code)	
For further information of	concerning this matter, please of	eall:	
Mary Brown		at (386) 492-4836	
(Name	of Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check for t	he 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

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SECRETARY OF	JUN 23	٦
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Immuno-Genic Vet, 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 Liab	oility Company were filed on 10/08/20	07 and assigned		
Florida document number L07000101807	·			
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited liability company here:			
The new name must be distinguishable and end with 'L.L.C."	the words "Limited Liability Company,"	the designation "LLC" or the abbreviation		
Enter new principal offices address, if applicab	ole:			
Principal office address MUST BE A STREET	ADDRESS)			
Enter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE BO	<u></u>			
	<u> </u>			
B. If amending the registered agent and/or registered agent and/or the new registered office		ecords, <u>enter the name of the new</u>		
Name of New Registered Agent:				
New Registered Office Address:				
	(Enter Florida street add			
		, Florida		
	(City)	(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.

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

MGR = Manager MGRM = Managing Member

<u>Title</u> (<u>Name</u>	Address	Type of Action
MGR	Kisthardt, Kevin K., DVM, MS	921 S. Ridgewood Ave. Daytona Beach, Florida 32114	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amendin	ng any other information, enter chan		FILED 8 JUN 23 PM
Dated June 13	Maryo	E. Low	
	\mathcal{O}	er or authorized representative of a member	
_	Mary E. Brown Type	d or printed name of signee	

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Filing Fee: \$25.00