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**EXAMINER** 



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SECRETARY OF STATE
TALLAHASSEE, FI OPIO

## **COVER LETTER**

TO:

Registration Section

Tallahassee, Florida 32301

CR2E079 (5/06)

**Division of Corporations** SUBJECT: Furlong & Associates South, Equine Veterinarians, LLC (Name of Limited Liability Company) The enclosed member, managing member or manager resignation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: Sandra J. Babey, Esq. (Contact Person) Sandra J. Babey, P.A. (Firm/Company) 1401 University Drive, Suite 301 (Address) Coral Springs, FL 33071 (City/State and Zip Code) For further information concerning this matter, please call: Sandra J. Babey (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$55 Filing Fee & Certified Copy **MAILING ADDRESS:** STREET/COURIER ADDRESS: Registration Section Registration Section **Division of Corporations Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314

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

Furlong & Associates South, Equine Veterinarians, 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 November 27	, 2007 and assigned
Florida document numberL07000119097		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Peak Performance Eq	uine Services, LLC	
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Company," the designa	tion "LLC" or the abbreviation
Enter new principal offices address, if applicable:	6650 NW 135th Avenue	As =
(Principal office address MUST BE A STREET ADDRESS)	Morriston, FL 32668	NOV TI
Enter new mailing address, if applicable:	P.O. Box 511	SET PR
(Mailing address MAY BE A POST OFFICE BOX)	Oldwick, NJ 08858	7A 23
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	· ·	nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, 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 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 **Type of Action** Title 1 Address <u>Name</u> Wendy Furlong MGRM 406 PITTSTOWN ROAD ☐ Add PITTSTOWN NJ 08867 ✓ Remove ☐ Add Remove ☐ Add ☐ Remove Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2010 Dated Signature of a member or authorized representative of a member Brendan Furlong, Managing Member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00