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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GUNSTER, YOAKLEY, ETAL. (WEST PALM BE

Account Number : 076117000420

Phone

: (561)650~0728

Fax Number

: (561)671-2527

\*\*Enter the email address for this business entity to be used for Tuture annual report mailings. Enter only one email address please. \*\*

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## **COVER LETTER**

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					1114444200144
TO:	Registration Se Division of Cor				
SUBJE	CT:	GL Veterina	ry Enterprises, LLC		
		Name of Lim	ited Liability Company		-
The enc	losed Articles of	Amendment and fec(s) are su	bmitted for filing.		
Please re	etum all correspo	ondence concerning this matter	r to the following:	÷	
		В	arry A. Goldberg, DVM	<u>.</u>	
		•	Name of Person		
			eterinary Enterprises, LLC Fint/Company		- ; 
4970 SW 72nd Avenue, Suite 109					2010 SEP 16 SECRETARY ALLAHASSI
			Address		SEP 16
			Miami, FL 33155	<i>-</i>	[1] _/
		•	City/State and Zip Code		construction of the second of
		E-mail address: (	to be used for future annual report not	ification)	D * & 27 STATE FLORID
For furt	ner information o	oncerning this matter, please o	call:		A
	Ad	li Rappoport	at ( 561 )	650-0551	•
		f Person		me Telephone Numb	
	•				
Enclose	d is a check for th	ne following amount:	•		
<b>[] \$2</b> 5.0	00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclose	Certificed) Certifi	filing Fee, cate of Status & ed Copy onal 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

H100002057653

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 for the abbreviation "LLC."  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Miami, FL 33155  Enter new malling address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  Miami, FL 33155  Miami, FL 33155  Suite 109  Miami, FL 33155  Miami, FL 33155	GL Veterinary E (Name of the Limited Liability Compa (A Florida Limited I	nterprises, LL ny as it now appear Lability Company)	C on our records.)		-	
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)  Enter new mailing 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  Florida  Florida	1.00000000	were filed on	03/12/2008	and	assigne	d
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new malling address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  Enter new malling the registered agent and/or registered office address on our records, enter the name of the ner registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Florida	•	ility company here	;:			
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)  Enter new mailing 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  Florida  Florida		ited Liability Compar	y," the designation "	£ (13)		viation
Suite 109   Suit	Enter new principal offices address, if applicable:	4970 SW 72nd	d Avenue		<del>'0</del>	A property,
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:  Enter Florida street address  Florida	(Principal office address MUST BE A STREET ADDRESS)			SES Y	0	g g
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  Suite 109  Miami, FL 33155  B. If amending the registered agent and/or registered office address on our records, enter the name of the ner registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Florida		Miami, FL 331	155	17 Tr		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
Miami, FL 33155  B. If amending the registered agent and/or registered office address on our records, enter the name of the ner registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  , Florida	Enter new mailing address, if applicable:	4970 SW 72nd	d Avenue		N	- Jacob
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  , Florida	(Mailing address MAY BE A POST OFFICE BOX)	Suite 109				
Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Florida		Miami, FL 331	55			
	registered agent and/or the new registered office address her  Name of New Registered Agent:	<u>e</u> :			e of the	e new
City Zip Code			, Florida		1	
		City		Zip C	ode	

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

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MGR = Ma MGRM = N	nager Ianaging Member		
<u>Title</u>	Name	Address	Type of Action
MGR	Robert Logan	10825 SW Avocet Court Beaverion, OR 97007	Add
<del></del>	·		
	·		Remove
· · · · · ·	•		ALC Adds
			SSEE DAdd R
D. If ameno	ding 2ny other information, enter o	change(s) here: (Attach additional sheets, if neces	isary.)
_			
Dated	September // ,	2010	
	Signature of a m	ember or authorized representative of a member	
	Ba	arry A. Goldberg, Manager	
		Typed or printed name of signee	

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Filing Fee: \$25.00

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