

L08000064793

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

L08-64793

(Document Number)

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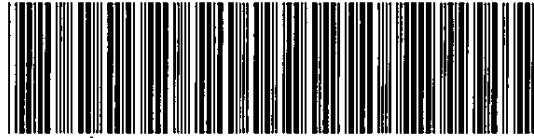
Special Instructions to Filing Officer:

**A. LUNT**

**FEB 10 2009**

**EXAMINER**

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RECORDS OF STATE  
TALLAHASSEE, FLORIDA

2009 FEB -9 AM 10:30

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 14, 2008

DONALD JAMES CALACETO  
199 RIVERSIDE AVE. SUITE 7  
BRISTOL, CT 06010

SUBJECT: STATEWIDE VETERINARY - DONALD JAMES CALACETO, DVM,  
LLC  
Ref. Number: L08000064793

We have received your document for STATEWIDE VETERINARY - DONALD JAMES CALACETO, DVM, LLC and your check(s) totaling \$35.00. 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) 245-6094.

Agnes Lunt  
Regulatory Specialist II

Letter Number: 508A00057288

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TALLAHASSEE  
OFFICE OF THE  
CLERK OF THE  
SUPREME COURT

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Statewide Veterinary, Donald J. Calaceto, DVM, LLC

**DOCUMENT NUMBER:** L08000064793

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Donald James Calaceto, DVM  
(Name of Contact Person)

Statewide Veterinary, Donald James Calaceto, DVM, LLC  
(Firm/ Company)

199 Riverside Ave., Suite #7  
(Address)

Bristol, CT 06010  
(City/ State and Zip Code)

For further information concerning this matter, please call:

Donald James Calaceto, DVM at ( 860 ) 585-6046  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |
|---|--|---|--|

**Mailing Address**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

FILED  
2009 FEB -9 AM 10:30  
DEPT. OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Statewide Veterinary, Donald James Calaceto DVM, 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 07/02/2008 and assigned  
Florida document number L08000064793

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:

199 Riverside Ave., Suite #7, Bristol, CT 06010

**(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:

6926 McCray Dr.

(Enter Florida street address)

Hudson

(City)

Florida 34667

(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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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2009-08-09  
3:30 PM  
MASSACHUSETTS  
SECRETARY OF STATE

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

Please note: Only the registered agent address has changed, not the appointment of the registered agent.

Dated

*[Signature]*  
*[Signature]*

STATEWIDE VETERINARY, LLC  
DONALD J. CALACETO, DVM  
199 Riverside Ave., Ste. #7  
Bristol, CT 06010  
Ct. Lic. 001972

Signature of a member or authorized representative of a member

Donald James Calaceto, DVM

Typed or printed name of signee