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SECRETARY OF STATE

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COVER LETTER

то:	Registration Se Division of Co	ection rporations		
SUD IE	CT.	k Veterinary Alliance		
SUBJE	ćı:		ted Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please r	eturn all correspo	ondence concerning this matter	to the following:	
	Carrol Frischkorn Name of Person			
Tri		Tri-	County Animal Hospital Firm/Company	
		1	811 Okeechobee Rd.	
			Address Ft. Pierce FL 34950	
			City/State and Zip Code Carrol Frischkorn	
For furt	her information	E-mail address: (concerning this matter, please concerning this matter)	to be used for future annual report notification)	
	Caı	rol Frischkorn	at (772) 461 1311	
	Name o	of Person	Area Code & Daytime Telephone Number	
Enclose	ed is a check for	the following amount:		
₹ 25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is	
	Regis Divisi P.O. I	LING ADDRESS: tration Section ion of Corporations Box 6327 nassee, 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**

FILED

SECRETARY OF STATE

Lakewood Park Vete	rinary Allianc	e LLC TALLA	LIARY OF STATE Hassee Florida
(Name of the Limited Liability Compa (A Florida Limited L	iability Company)	s on our records.	
The Articles of Organization for this Limited Liability Company	were filed on	6-3-09	and assigned
Florida document numberL09000055944			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company her	<u>e</u> :	
The new name must be distinguishable and end with the words "Limi"L.L.C."	ted Liability Compa	ny," the designation '	LLC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	60 Perrott Dri	ve	
	Ormand Bear	ch FI 32174	
Enter new mailing address, if applicable:			<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		our records, <u>enter</u>	the name of the new
Name of New Registered Agent:			
New Registered Office Address:	En	ter Florida street ac	ldress
		, 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 **Address** Type of Action Title ' Name | MGR Dana K. Juillerat 1811 Okeechobee Rd. ✓ Add Ft. Pierce FL 34950 Remove Dana K. Juillerat ✓ Add MGRM_ 1811 Okeechobee Rd. Et Pierce FL 34950 Remove Remove Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary,) 2009 July 10, Dated __ Signature of a member or authorized representative of a membe Dana K. Juillerat Matthew Wallace Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00