## 109000055953

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D. BRUCE

JUL 14 2009

**EXAMINER** 

## **COVER LETTER**

TO: Registration S Division of Co				
SUBJECT:	Vero Beach	Vero Beach Veterinary Group		
	Name of Limit	ed Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
		Carrol Frischkorn		
		Name of Person		
	Tri-0	County Animal Hospital		
		Firm/Company		
1811 Okeechobee Rd.		≱ <u></u>		
	Address			
	ſ	Ft. Plerce, FL 34950	O9 JUL 13 PH 3: 05 ALLAHASSEE, FLORID	
City/State and Zip Code		TARY OF S.		
carrolste@bellsouth.net		ြို့ မြို့		
For further information	e-mail address: (to	o be used for future annual report notification	STATE STATE	
Ca	rrol Frischkorn	at (772) 46	1-1311	
	of Person	Area Code & Daytime Te		
Enclosed is a check for	the 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: STREET/COURIER ADDRESS Registration Section Registration Section		ADDRESS:		

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

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Vero Beach Ve				
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears of Liability Company)	our records.)		
The Articles of Organization for this Limited Liability Company	une 3, 2009	9 and assigned		
Florida document numberL0900055953				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and end with the words "Limi	ited Liability Company,	' the designation "L	LC" or the abl	oreviation
"L.L.C."			ಶ∝ ೦	<b>)</b>
Enter new principal offices address, if applicable:	2600 SE 60th S	treet	09.3 09.3	
(Principal office address MUST BE A STREET ADDRESS)	Ocala FL 34480		SATAL I	
			က္ဆည္ ယ	
				P-STATE OF THE PARTY NAMED IN
Enter new mailing address, if applicable:	<u> </u>		3: 05 STATE LORID	
(Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·	<u> </u>	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		records, enter t	he name of	the new
registered agent and/or the new registered office address her	<u>e</u> .			
Name of New Registered Agent:				
New Registered Office Address:				
<del>-</del>	Enter	ress		
	, 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 Title Name **Address** Type of Action Dana K. Juillerat MGR 1811 Okeechobee Rd. ✓ Add
□ Remove Ft. Pierce, FL 34950 Dan K. Juillerat MGRM 1811 Okeechobee Rd. ✓ Add Ft Pierce, FL 34950 ☐ Remove \_\_\_ Add Remove ∏ Add Remove □Add Remove  $\prod$ 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 member John Dana K. Juillerat Matthew Wallace Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00