L0900066296

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MAY - 1 2012

T. HAMPTON

COVER LETTER

TO:	Registration Section Division of Corporat	ions 4		
SUBJE	CT:	Keene Veter	inary Hospital LLC	
	•		ted Liability Company	
The end	closed Articles of Amen	dment and fee(s) are sub	mitted for filing.	
Please 1	eturn all correspondenc	e concerning this matter	to the following:	
		D	r. Terrence S. Keene	
			Name of Person	
		Keene	e Veterinary Hospital LLC	
			Firm/Company	
			4542 W. Village Dr.	
			Address	
		<u> </u>	ampa Florida 33624	<u>_</u>
			City/State and Zip Code	
	41 4 - 31-41 - 1	E-mail address: (t	eene@tampabay.rr.com o be used for future annual report notifi	cation)
For furt	her information concern	ning this matter, please ca	all:	
	Terrence		at (340-8118
	Name of Perso	n	Area Code & Daytimo	e Telephone Number
Enclose	d is a check for the follo	owing amount:		
\$25 .	00 Filing Fee ✓	30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional 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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

12 APR 30 PM 3: 32

(Name of the Limite	ene Veterinary Hospital Ll	_C	
(()	d Liability Company as it now appea A Florida Limited Liability Company)	,	
The Articles of Organization for this Limited I Florida document numberL0900006	<u></u>	07/09/2009	and assigned
This amendment is submitted to amend the fol			
A. If amending name, enter the new name	of the limited hability company hel	<u>e</u> :	
The new name must be distinguishable and end w "L.L.C."	ith the words "Limited Liability Compa	any," the designation "l	LC" or the abbreviation
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
			·
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE	<u> </u>		
B. If amending the registered agent and registered agent and/or the new registered of		our records, <u>enter</u>	the name of the new
Name of New Registered Agent:	Dr. Terrence S. Keene		
New Registered Office Address:	4542 W. Village DR.		
	En	ter Florida street ada	lress
	Tampa	, Florida	33624
	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

Page 1 of 2

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 ≠ N	lanaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Lisa Keene	4542 W. Village Dr. Tampa, Florida 33624	Add ✓ Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information,	enter change(s) here: (Attach additional sheets, if necessary.,	SI DIVIS
_			FILED STATE OF STATE OF CORPORATIONS APR 30 PM 3: 32
Dated	April 27th		ONS
	Signatur	WWW Saw Kelle e of a member or authorized representative of a member	
	Olghawn	Terrence Sean Keene	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00