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S. HAWKES

DEC -1 2009

EXAMINER

# **COVER LETTER**

Division of Co	•	AOLED II O		
SUBJECT:		_AGLER, LLC ted Liability Company		
	wante of Linna	ed Liability Company		
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	condence concerning this matter	to the following:		
	Ja	ay W. Livingston, Esq.		
Name of Person				
	Livingston & Wolverton, P.A.			
Firm/Company				
	20 Airport Road, Suite A			
Address				
	Palı	m Coast, Florida 32164		
City/State and Zip Code				
	jay.livingston314@gmail.com  E-mail address: (to be used for future annual report notification)			
		·	non)	
For further information	concerning this matter, please c	all:		
Ja	y W. Livingston	aı (	37-5833	
Name	of Person	Area Code & Daytime T	elephone Number	
Enclosed is a check for	the following 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

DAr	FLAGLER, LLC		
(Name of the Limited Liabili	ty Company as it now appear Limited Liability Company)	s on our records.)	
(A FIORUS	Chinico Liabiniy Company)	78 2 T	
The Articles of Organization for this Limited Liability	Company were filed on	9/23/2009 and assigned	
Florida document number L09000091935			
i torida document hamber	<del></del>		
		<b>13</b>	
This amendment is submitted to amend the following:	•		
A. If amending name, enter the new name of the lir	nited liability company her	e: 📆 🛶	
		_	
The new name must be distinguishable and end with the w	ords "Limited Liability Compa	ny," the designation "LLC" or the abbreviation	
"L.L.C."			
End of the state			
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADD	RESS)		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or regi	stered office address on o	ur records, enter the name of the new	
egistered agent and/or the new registered office ad	dress here:		
Name of New Registered Agent:	<u> </u>		
New Registered Office Address:			
	Enter Florida street address		
		, 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

<u>Title</u>	<u>Name</u>		Address	Type of Action
MGRM	<u>Dunnellon</u>	Animal Hospital	2238 West Dunnellon Road Dunnellon, Florida 34433	Add Remove
MGR	D. Paul Ma	ick	17375 W. Highway 40 Ocala, Florida 34481	✓ Add Remove
				TALLAND 30 Add PROPERTY STATE Add
				Remove  Add Remove
D. If am	nending any other in	formation, enter chang	ge(s) here: (Attach additional sheets, if necessary	.) 
Dated	November 2	24 . 200 Qual D.	19 A	
		Signature of a membe	r or authorized representative of a member  W. Livingston, Esq.  or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00