

LO9000100758

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

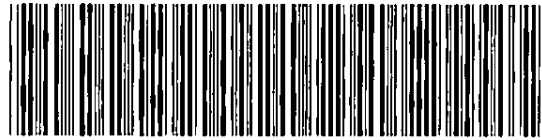
(Business Entity Name)

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LLC N/C &

Amend

2023 OCT 24 AM 8:12

FILED

A. RAMSEY

OCT 26 2023

00789, 1139, 00671

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Karen Forbes DVM PL

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dr. Karen Forbes Cingolani

Name of Person

Karen Forbes Cingolani DVM PLLC

Firm/Company

14425 64th Ct N

Address

Loxahatchee, Florida 33470

City/State and Zip Code

gatorpetvet@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dr. Karen F. Cingolani

561 723-1669
at ()

Name of Person

Area Code

Daytime Telephone Number

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:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 26, 2023

DR. KAREN FORBES CINGOLANI
14425 64TH CT N
LOXAHATCHEE, FL 33470

SUBJECT: KAREN FORBES, D.V.M., P.L.
Ref. Number: L09000100758

We have received your document for KAREN FORBES, D.V.M., P.L. and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a professional limited liability company must contain CHARTERED, PROFESSIONAL LIMITED LIABILITY COMPANY, P.L.L.C. or PLLC.

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) 245-6050.

Annette Ramsey
OPS

Letter Number: 223A00022234

Oct 24 2023

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED

2023 OCT 24 AM 8:12

Karen Forbes DVM PL

(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 10/19/2009 and assigned
Florida document number L090000100758.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Karen Forbes Cingolani DVM PLLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

14425 64th Ct N

(Principal office address MUST BE A STREET ADDRESS)

Loxahatchee, Florida 33470

Enter new mailing address, if applicable:

14425 64th Ct N

(Mailing address MAY BE A POST OFFICE BOX)

Loxahatchee, FL 33470

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:

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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	Paul W. Cingolani	14425 64th Ct N	<input checked="" type="checkbox"/> Add
		Loxahatchee, FL 33470	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00