## L10000032975

(Requestor's Name)					
(Address)					
(Address)					
(13,13,14)					
(City/State/Zip/Phone #)					
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J. BRYAN

OCT -7 2010

**EXAMINER** 

## **COVER LETTER**

	ition Section of Corporations	•	
SUBJECT:	VetAmeric	a Enterprises, LLC	
SUBJECT:		nited Liability Company	
The enclosed Art	icles of Amendment and fec(s) are su	abmitted for filing.	
Please return all c	correspondence concerning this matter	er to the following:	
		Carey Jones Name of Person	
		Name of Person	A SECTION A
	Vet	America Enterprises, LLC	
		Firm/Company	85. 9 L
		869 Turkey Creek	E. P.
		Address	MASSEE, FLORIDA
		Gainesville, Fl 32615	E S
		City/State and Zip Code	<del></del>
	BJones(	@VetAmericaEnterprises.com	
For further inform	E-mail address: nation concerning this matter, please	(to be used for future annual report notification) call:	1
	Carou Ianaa	252 692	2014
	Carey Jones Name of Person	at ( 352 ) 682- Area Code & Daytime Telep	2814 hone Number
Enclosed is a che	ck 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 AN Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

, , introduced of or			6
. OF	ľ		(A)
		*	ELED A
VetAmerica Ente	erprises, LLC		8 0
(Name of the Limited Liability Compan (A Florida Limited Li	<u>y as it now appears (</u> ability Company)	on our records.)	
<b>,</b>			A Comment
The Articles of Organization for this Limited Liability Company	were filed on	03/25/10	and assigned
Florida document numberL10000032975			
			,
This amendment is submitted to amend the following:			÷
A. If amending name, enter the new name of the limited liabil	lity company here:		
The new name must be distinguishable and end with the words "Limite "L.L.C."	ed Liability Company	y," the designation "I.	LC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:	\		
• • • • • • • • • • • • • • • • • • • •			
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>	<u> </u>	
		<del>\</del>	
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here		r records, <u>enter t</u>	ne name of the nev
	•		
Name of New Registered Agent:	•		
Number 110W Nogistered Figure.			
New Registered Office Address:		277	
	Enle	r Florida street add	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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

	lanaging Member	· · · · · · · · · · · · · · · · · · ·	15 6 T
<u> </u>	Name	Address	Type of Actio
<u>MGRM</u>	Walter L Cason	506 Turkey Creek Alachua, Fl. 32615	
MGRM_	Mark Streicher	651 Turkey Creek Alachua, Fl. 32615	_
			Add Remove
			Add Remove
			Add Remove
	<del></del>		Add Remove
D. If amend	ling any other information, enter	change(s) here: (Attach additional sheets, if necessary.)	_
_			<del>-</del> -
			<del>-</del> 
Dated	September 14	2010	
	Signature of a	member or authorized representative of a member	
		Carey Jones Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00