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2022 JUNE 13 KM 9: 33

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COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration Division of	1 Section Corporations		
Health	ny Horse Veterinary Services, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles	s of Amendment and fee(s) are sub	mitted for filing.	
Please return all corre	espondence concerning this matter	to the following:	
	Amie J Lanier		
		Name of Person	·····
		Firm/Company	
	5471 Neal Road		
	***************************************	Address	
	Fort Myers, FL 33905		
	ajlanier1@gmail.com	City/State and Zip Code	
	· - ·	to be used for future annual report notif	ication)
For further information	on concerning this matter, please ca	all:	
Amie Lanier		239 834-1126 at ()	
Nar	ne of Person	Area Code Daytime	Telephone Number
Enclosed is a check f	or the following amount:		
☐ S25.00 Filing Fee	c \$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 Add		Street Address:	Af
Registration Section Division of Corporations		Registration Section Division of Corporations	
P.O. Box 6327		The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 357 13 77 9: 33

Healthy Horse Veterinary Services, LLC (Name of the Limited Liability Company as it now appears on our records,)
(A Florida Limited Liability Company) 04/19/2010 The Articles of Organization for this Limited Liability Company were filed on ____ ____ and assigned Florida document number _L10000041820 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Flint Creek Veterinary Care, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." same Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) same Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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

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.

Cin

, Florida <u> </u>

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

<u>Title</u>	Name	Address	Type of Action
			□Add
			Remove
			□ Change
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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			□Add
			□Remove
			□Change

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