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(Requestor's Name)

(Address)

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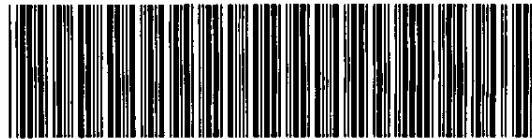
(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____



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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 7, 2016

KAREN TAYLOR -SORENSEN
3461 SHIRLEY DRIVE
BROOKSVILLE, FL 34602

SUBJECT: ANIMAL MEDICAL CENTER OF BROOKSVILLE PROPERTIES,
LLC
Ref. Number: L10000045824

We have received your document for ANIMAL MEDICAL CENTER OF BROOKSVILLE PROPERTIES, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6051.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 316A00023880

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Animal Medical Center of Brooksville Properties LLC
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:

Karen Taylor-Sorensen

Name of Person

Firm/Company

3461 Shirley Drive

Address

Brooksville FL 34602

City/State and Zip Code

Karen.taylor-Sorensen@live.com

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

For further information concerning this matter, please call:

Karen L. Taylor-Sorensen
Name of Person

at (352) 584-5335
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Animal Medical Center of Brooksville Properties LLC

(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 4/28/2010 and assigned Florida document number L10000045824.

This amendment is submitted to amend the following:

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

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:
(Principal office address MUST BE A STREET ADDRESS)

3461 Shirley Drive
Brooksville, Florida 34602

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

3461 Shirley Drive
Brooksville, Florida 34602

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:

Karen L. Taylor-Sorensen

New Registered Office Address:

3461 Shirley Drive

Enter Florida street address

Brooksville

, Florida

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.

D. K. Taylor-Sorensen

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>Karen Taylor-Sorensen</u>	<u>3461 Shirley Drive</u>	<input checked="" type="checkbox"/> Add
		<u>Brooksville FL 34602</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>Charles Sorensen</u>	<u>3461 Shirley Drive</u>	<input type="checkbox"/> Add
		<u>Brooksville, FL 34602</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional) 5
(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)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
effective date. If no date is inserted, the date of filing will be used.

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.

Dated November 11 2016

D. R. Taylor-Sorensen

~~Signature of a member or authorized representative of a member~~

Dr. K L Taylor-Sorenson

Typed or printed name of signee