410000130746

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
A. LUNT						
SEP 1 6 2011						

Office Use Only

EXAMINER



100211802511

09/15/11--01007--011 **55.00

AULARASSEE, FLORIDA

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJI	ECT: Progressive Veterinary Practices, LLC Name of Limited Liability Company
The en	iclosed Articles of Amendment and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Rene' Dabasinskas Name of Person
	Progressive Veterinary Practices, LLC Firm/Company
	15006 Sundial Place ST 5
	Lakewood Ranch FL 34202 City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For fur	rther information concerning this matter, please call:
Re	Name of Person at (941) 727- 6975 Area Code & Daytime Telephone Number
Enclos	sed is a check for the following amount:
\$25	5.00 Filing Fee \$\ \times \text{S55.00 Filing Fee & Certificate of Status} \text{S55.00 Filing Fee & Certificate of Status & 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

Progressive Vetering	nary Practice	S LLC		
Progresive Vetering (Name of the Limited Liability (A Florida L	Limited Liability Company	ais on our records.		
The Articles of Organization for this Limited Liability Co			and assig	gned
Florida document number <u>L 1 0000 130 74</u>	<u>le</u>			
This amendment is submitted to amend the following:				
A. If amending name, <u>enter the new name of the limi</u>	ted liability company he	ere:		
Coastal Animal me	dical cen	ter, LLC		
The new name must be distinguishable and end with the wor 'L.L.C."	ds "Limited Liability Com	pany," the designation	"LLC" or the ab	breviation
L.L.C.			SEP	*****
Enter new principal offices address, if applicable:			6 n 3 c	# TORCOWAN
<u> Principal office address MUST BE A STREET ADDR</u>	(ESS)		<i>i</i> n-< 0 1	1
	.			1/1
			0810/ 1812 (b. 21)	***************************************
Enter new mailing address, if applicable:			311	
Mailing address MAY BE A POST OFFICE BOX)				
	<u> </u>			
B. If amending the registered agent and/or regist registered agent and/or the new registered office add		our records, enter	the name of	the new
egistered agent and/or the new registered office addi	ess nere.			
Name of New Registered Agent:				
Name of New Registered Agent.				
New Registered Office Address:	- F	Inter Florida street a	ddress	
	Ŀ	ance randa su cet a	am haa	
	City	, Florida _	Zip Code	
	City		Lip 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, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Ma MGRM = N	nager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			<u> </u>
			Add Remove
			PEAdd A T
			Add Spremove
D. If amen	ding any other information, enter	change(s) here: (Attach additional sheets, if necessar	ry)
_	-		
Dated	9/12/2011.	011	
	Rene' D	nember or authorized representative of a member ROSINS KQS Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00