

L11000001429

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

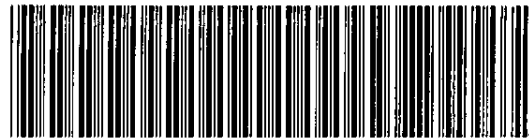
(Business Entity Name)

(Document Number)

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2011 APR 28 PM 12:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

C. LEWIS
APR 29 2011
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pet Vet Vaccination Services 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:

Matthew L. Smith

Name of Person

Pet Vet Vaccination Services LLC

Firm/Company

PO BOX 1386

Address

Wauchula, FL 33873

City/State and Zip Code

pet-vet@earthlink.net

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

For further information concerning this matter, please call:

Matthew Smith

Name of Person

at (863)

781-1604

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

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 01/05/2011 and assigned Florida document number L11000001429.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

915 North 6th Avenue

(Principal office address MUST BE A STREET ADDRESS)

Wauchula, FL 33873

Enter new mailing address, if applicable:

915 North 6th Avenue

(Mailing address MAY BE A POST OFFICE BOX)

Wauchula, FL 33873

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 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

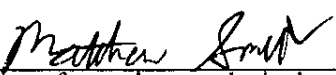
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Matthew L Smith	PO Box 1386 Wauchula, FL 33873	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Ross A. Hendry	915 North 6th Avenue Wauchula, FL 33873	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated January 31, 2011.


Signature of a member or authorized representative of a member

Matthew L. Smith
Typed or printed name of signee

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TALLAHASSEE, FLORIDA