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SECRETARY OF STATE
AND AHASSEF, FLORID.

COVER LETTER

TÜ: Registration Section Division of Corporations
SUBJECT: PET Vat Vaccination Sarvicus 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:
Danz A. Hrudry Name of Person
Pet Vat Vacci nation Sarvices Firm/Company
5700 W Josephine Rd Address
Sahring F1 33875 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (\$\lambda_3\) 38 1-2709 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee & Solution Status Solution Soluti

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

Name of the Limited Liability Comp (A Florida Limited	nany as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Compan	y were filed on 1.5.2011 and assigned
Florida document number <u>L 11 00000 14 29</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
The new name must be distinguishable and end with the words "Lin"L.L.C."	nited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	5700 W Josephine Rd Sebring Fl 33875
(Principal office address MUST BE A STREET ADDRESS)	Sebring Fl 33875
Enter new mailing address, if applicable:	5700 W Josephine Ro
(Mailing address MAY BE A POST OFFICE BOX)	5700 W Josephine Ro Sebring Fl 33875
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he	AS -
Name of New Registered Agent:	Dane A. Handry PE = T
New Registered Office Address:	Dane A. Handry D. T. 5700 W Jose phine D. D. Enter Florida street addressing B. M.
	Enbring, Florida 378750 0
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>	Address	Type of Action
mmbr	Dank Handry	5700 W Josephine RO Seprins Fl 33876	Add Remove
m <u>mgr</u>	Ross A. Handry	915 N 6 Ave, Wandhula F1 33673	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter chang	e(s) here: (Attach additional sheets, if necessary.)	
			- -
_			_ _
Dated	Signature of a member	Jendry DVM or authorized representative of a member	
	R 033 A	Hren Ora DUM or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00