

L11000061800

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

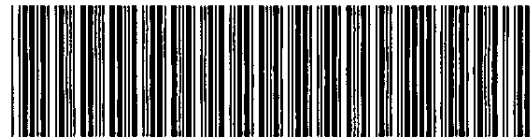
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SEP 16

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cutting Edge Veterinary Care 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:

Vasiliki K. Meisenburg, DVM
Name of Person

Firm/Company

205 Arnold Lane
Address

Winter Springs, FL 32708
City/State and Zip Code

VasilikiDVM@icloud.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Vasiliki Meisenburg at (352) 339-2795
Name of Person 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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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

(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 5/25/2011 and assigned
Florida document number C11000061800

This amendment is submitted to amend the following:

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

WellBeings Equine Holistic Medicine LLC
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:

(Principal office address MUST BE A STREET ADDRESS)

205 Arnold Lane
Winter Springs, FL 32708

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

205 Arnold Lane
Winter Springs, FL 32708

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:

205 Arnold Lane

Enter Florida street address

Winter Springs, Florida 32708
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>
	— Some —		☐ Add
			☐ Remove
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			☐ Remove

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

With the primary LLC name being changed,
I will no longer need the (DBA) doing business
as name.

Dated September 12, 2013.

Vasiliki K. Meisenberg DVM

Signature of a member or authorized representative of a member

VASILIKI K. MEISENBERG, DVM

Typed or printed name of signee

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Filing Fee: \$25.00

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FILED
CLERK OF SUPERIOR COURT
COUNTY OF ALBANY, NEW YORK