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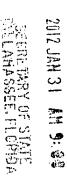
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T. CLINE

FEB - 1 2012

EXAMINER

COVER LETTER

Division of Corporations	
SUBJECT: Healthy Paws at home 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:	
Kortney Reddick	
Name of Person	
Firm/Company	
12529 Tall Pines way	

Lakewood Ranch Ft 34702 City/State and Zip Code	
Lukewood Rench Ft 34722 City/State and Zip Code Kortney_vet @ Yuhoo com E-mail address: (to be used for future annual report notification)	AN 31
For further information concerning this matter, please call:	
Kortney Leddick at (863) 381 1014 Name of Person Area Code & Daytime Telephone Number	
Name of Person Area Code & Daytime Telephone Number	·
Enclosed is a check for the following amount:	
(additional copy is enclosed) Certified	te of Status &

MAILING ADDRESS:

TO:

Registration Section

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

Healthy Par	ws at t	tome.	-					
(Name of the Limited	d Liability Company A Florida Limited Lia	as it now appears of bility Company)	n our records.)		-			
The Articles of Organization for this Limited Diability Company were filed on Florida document number						and assigned		
This amendment is submitted to amend the following	lowing:							
A. If amending name, enter the new name of	of the limited liabili	y company here:	. •					
Kortney Reddick The new name must be distinguishable and end wi	- L.L.C.							
The new name must be distinguishable and end wi "L.L.C."	th the words "Limited	Liability Company	" the designation	"LLC" or t	the abbre	eviation		
Enter new principal offices address, if applic	cable:							
(Principal office address MUST BE A STREI	ET ADDRESS)			建筑	<u> </u>			
	,			15.27	4	144.		
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Enter new mailing address, if applicable:		· · ·		SE C		\$ \$77177		
(Mailing address MAY BE A POST OFFICE BOX)				77	IA.	\$ × '		
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•	-			Spri-	€ ®			
B. If amending the registered agent and/ registered agent and/or the new registered o		e address on our	records, enter	r the nam	e of th	ie new		
Name of New Registered Agent:	Kortne	y pedd:	c K		<u></u>			
New Registered Office Address:		Enter	Florida street a	ddress				
			, Florida					
	(City		Zip C	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							
Title	<u>Name</u>	Address	Type of Action				
MGR	Kortney Stivender	125 24 Tall Pines way Lakewood Roven FL 34702	Add _──Acmove				
MGK	Kortney Leddick	12574 Tall Pines Way Lakenous Fach fr 34202	Add - Remove				
			Add Remove				
			Add Remove				
			I Add T				
			Add Remove				
Λ.	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	(s) here: (Attach additional sheets, if necessary.)					
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	<u> </u>	is to transact anyonal					
ma	y be organized Gr						
Dated	31/2012.	•					
	Signature of a member of	or authorized representative of a member					
	Kortney 54						

Page 2 of 2

Filing Fee: \$25.00