

L11000117401

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

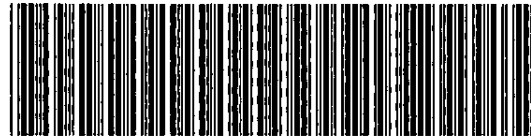
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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OCT 30 2014
D. BRUCE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 1930 East Seventh Avenue, 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:

Albert C. Kreischer, Jr.
Name of Person
Fuentes and Kreischer, P.A.
Firm/Company
1407 W. Busch Boulevard
Address
Tampa, Florida 33612
City/State and Zip Code
darryl.shaw@bluepearlvet.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Albert C. Kreischer, Jr. at (**813**) **933-6647**
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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 TALLAHASSEE, FLORIDA

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

1930 EAST SEVENTH AVENUE, LLC

(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 10/13/2011 and assigned Florida document number L11000117401.

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: 4207 Golf Point Court
Tampa, Florida 33618
(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: 4207 Golf Point Court
Tampa, Florida 33618
(Mailing address MAY BE A POST OFFICE BOX)

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CLERK OF THE COURT
TAMPA, FLORIDA

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: Darryl Shaw
New Registered Office Address: 4207 Golf Point Court
Enter Florida street address
Tampa, Florida 33618
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 605, 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.

[Signature]
If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MRG	Sam Reiber	26650 Wesley Chapel Blvd.	<input type="checkbox"/> Add
		Lutz, Florida 33559	<input checked="" type="checkbox"/> Remove
MRG	Darryl Shaw	4207 Golf Point Court	<input checked="" type="checkbox"/> Add
		Tampa, Florida 33618	<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

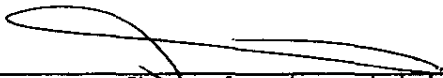
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 HALL COUNTY FLORIDA

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

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated Oct. 24. 2014, 2014



Signature of a member or authorized representative of a member

Darryl Shaw

Typed or printed name of signee

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CLERK OF STATE
TALLAHASSEE FLORIDA