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TALLAHASSEE, FLORIDA

K. SALLY  
EXAMINER  
FEB 24 2012

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TRUE BLUE VETERINARY SERVICES, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Articles of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JUSTIN J. KLATSKY, ESQ.

Name of Person

OWENS LAW GROUP, P.A.

Firm/Company

811-B CYPRESS VILLAGE BLVD.

Address

RUSKIN, FL 33573

City/State and Zip Code

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

For further information concerning this matter, please call:

ALISSA M. MARTINEZ

Name of Person

at ( 813 ) 633-3396 ext.106

Area Code & Daytime Telephone Number

### STREET/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

### MAILING ADDRESS:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &  
Certificate of Status

☐ \$55 Filing Fee &  
Certified Copy

☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

**ARTICLES OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

FILED  
12 FEB 23 PM 3:38

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida.

**FIRST:** The name of the limited liability company is:

TRUE BLUE VETERINARY SERVICES, LLC

**SECOND:** The articles of organization or the application to transact business

**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)**



Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

THE CORRECT NAME IS "TRUE BLUE VETERINARY GROUP, LLC."

**OR**



Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

Dated: FEBRUARY 14, 2012

*Cheryl Boston Kane*  
Signature of a member or authorized representative of a member

CHERYL BOSTON KANE

Typed or printed name of signee

**Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)**