L12000052478

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COVER LETTER

	gistration Sec vision of Corp		•	
CHRICOT	CAPITAL V	ETERINARY SPECIALIST	S, LLC	
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	d Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspon	dence concerning this matter	to the following:	
		Steven Greenhut		
			Name of Person	
		Balch & Bingham LLP		
			Firm/Company	
		841 Prudential Drive, Suite	e 1400	
			Address	<u> </u>
		Jacksonville, FL 32207		
			City/State and Zip Code	
		sgreenhut@balch.com		
For further i	nformation co	e-mail address: (to be used for future annual report notifi	cation)
Steven Gree		moorning this matter, preuso of	904 348-6855	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is a	a check for the	e following amount:		
■ \$25.00 F	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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CAPITAL VETERINARY SPECIALISTS,	LLC	
(<u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears on our records.) la Limited Liability Company)	
The Articles of Organization for this Limited Liability of Florida document number L12000052478	Company were filed on <u>04/16/2012</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lir	nited Liability Company," the designation "LLC" or the	
Enter new principal offices address, if applicable:		6 P - 1
(Principal office address MUST BE A STREET ADD	RESS)	2 C
		္က ထ
		2 2
Enter new mailing address, if applicable:		<u>्र</u>
tiling address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office add		ter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Florida	
	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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	KEVIN A DRYGAS	2414 E PLAZA DR	
		TALLAHASSEE, FL 32308	☐ Remove
			☐ Change
			□ Add
			Remove
			□ Change
			Add
			☐ Remove
			□ Change
			Change ON TO THE PROPERTY OF
			Chinge
			☐ Remove
			☐ Change
			Add
			□ Remove
			☐ Change

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Effective d	date, if other than	the date of filing: _			(optional)	
lfan effectiv <u>Note:</u> If th	e date is listed, the date ne date inserted in this	must be specific and cans s block does not meet e Department of State	not be prior to date of the applicable stat	f filing or more than 90	days after filing.) Pu nents, this date wil	rsuant to 605,0207 I not be listed as
	l specifies a dela th day after the r	yed effective date record is filed.	e, but not a n ef	fective time, at	12:01 a.m. on	the earlier o
	December 3	1/2	<u>016-</u> (

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Typed or printed name of signee

Filing Fee: \$25.00