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SECRETARY OF STATE
TALLAHASSEFF FI ORIO.

B. BOSTICK

JAN 2 3 2013

EXAMINER

COVER LETTER

TO: Reg

Registration Section
Division of Corporations

SUBJECT: Miami Veterinary Cardiology, 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:

Robert Prosek, DVM

Name of Person

Florida Veterinary Cardiology, LLC

Firm/Company

600 English Avenue

Address

Homestead, FL 33030

City/State and Zip Code

prosekr@ufl.edu

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

For further information concerning this matter, please call:

Robert Prosek, DVM

{.../}305\24**8-653**6

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Miami Veterinary Cardiology, LLC		
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our re Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liability	Company were filed on 11/30/2012	and assigned
Florida document number L12000149828	<u></u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
Florida Veterinary Cardiology, LLC		
The new name must be distinguishable and end with the wo "L.L.C."	ords "Limited Liability Company," the des	ignation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	Fir W
	<u></u>	
		87 N ==
Enter new mailing address, if applicable:		2 I
(Mailing address MAY BE A POST OFFICE BOX)		
•		<u> </u>
		10A
B. If amending the registered agent and/or regi registered agent and/or the new registered office ad-		is, enter the name of the ney
registered agent and/or the new registered office ad-	uress nere.	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida	street address
	·	Ilorida
	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 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>	Name	Address	Type of Action
			Add
			Remove
			Kelilove
			Add
			Remove
			Add
			
			Remove
			Also -
			~ A S S 3 A 44
			Remove
			Remove 3: 21
		ti di	
			Add
			Remove
			Add
			 -
			Remove

. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	Taa.
ated	JANUARY 14 1. 2613.
	Signature of a member or authorized representative of a member
	Robert Prosek, DVM Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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