13000073945

((Requestor's Name)						
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COVER LETTER

	Registration S Division of Co	٠					
eub uc		rmatology South, Limited Liabi	ility Company				
SUBJEC	, l :	Name of Lim	ited Liability Company	.			
The encle	osed Articles of	Amendment and fee(s) are sub-	mitted for filing.				
Please re	turn all corresp	ondence concerning this matter	to the following:				
		Michael S. Canfield					
			Name of Person				
		Animal Hospital of Regenc	ey Park				
			Firm/Company				
		7741 Congress Street				22	
			Address			SEP	
		New Port Richey, FL 3465	3			1	
			City/State and Zip Code			22 SEP -1 PM 2: 02	
		drinc@ahrpvet.com	to be used for future annual	report notific	ation)	2: 0	
For furth	er information	concerning this matter, please co				2	٠
Timberly	y W. Canfield			8-6247			
	Name	of Person	at () Area Code	Daytime T	Telephone Number		
Fredress	Lie a about for	the following amount:					
	.00 Filing Fee	S30.00 Filing Fee &	□ \$55.00 Filing Fee	S-	□ \$60.00 Filir	w Fee	
= 35	oo i inig i ee	Certificate of Status	Certified Copy (additional copy is end		Certificate Certified C	of Status &	
	Mailing Addre		Street A		i.c.		
	Registration	Section Corporations	_	ation Secti on of Corpo			
	P.O. Box 63			ntre of Ta			

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Animal Dermatology South, Limited Liabi		
(Name of the Limited Liab (A Flor	bility Company as it now appears on our records and Limited Liability Company)	<u>)</u>
The Articles of Organization for this Limited Liability	Company were filed on May 20, 2013	and assigned
Florida document number L13000073945	·	
This amendment is submitted to amend the following:	:	
A. If amending name, enter the new name of the li	imited liability company here:	
Veterinary Dermatology Consultants, LLC		
The new name must be distinguishable and contain the words "L	Limited Liability Company," the designation "LLC"	for the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD.	DRESS)	<u>~~</u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		PH 2: 02
		2: 3:4
		02
B. If amending the registered agent and/or registe agent and/or the new registered office address her		the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres.	3
	, Flo	orida
	City	Zip Code
New Registered Agent's Signature, if changing Register	ered Agent:	
I hereby accept the appointment as registered age provisions of all statutes relative to the proper an accept the obligations of my position as registered being filed to merely reflect a change in the regist company has been notified in writing of this change	d complete performance of my duties, ar d agent as provided for in Chapter 605, tered office address, I hereby confirm th	nd I am familiar with and F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
	his-		
			□Remove
			□Add
			□ Removers
			SEP Change Control of Single C
			□Remove
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		7	□Add
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ffective date, if o	other than the dat sted, the date must be s	e of filing	<u>ı</u> :				(optiona	al)	
an effective date is li	sted, the date must be s serted in this block	pecific and	cannot be pr	ior to date or dicable stat	f filing or moutory filing	re than 90 da requiremen	ys after filir its, this da	ig.) Pursuant te will not	i to 605.0 be listed
ocument's effectiv	e date on the Depar	ment of S	tate's recor	ds.	, .	•			
record specifies a d d is filed.	delayed effective da	e, but not	an effective	e time, at 1	2:01 a.m. o	n the earlie	r of: (b)	The 90th da	ay after t
August 17 Dated			2022						
	<i>^</i> _ <i>/</i>	1	M						
-//	til 1	11	///						

Filing Fee: \$25.00