

(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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APR 13 2016 S. YOUNG

COVER LETTER

TO:	Registration Section , Division of Corporations	
SUBJ	Name of Limited Liability Company Services of Part Charlotte, L	۷
The e	nclosed Articles of Amendment and fee(s) are submitted for filing.	
Please	e return all correspondence concerning this matter to the following:	
	Mak Ma-tella, Esq. Name of Person y	
	Martella Law Firm, PC Firm/Company	
	18501 Mudock Cir, Suite 304	-
	Port Charlotte, FL 33948 City/State and Zip Code	Γ. C.
	E-mail address: (to be used for future annual report notification)	1
For fu	orther information concerning this matter, please call:	
	Mark Markella at (<u>G41</u>) <u>736-3700</u> Name of Person Area Code Daytime Telephone Number	
Enclo	sed is a check for the following amount:	
> \$2	25.00 Filing Fee Solution Status Solution Stat	

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

Choice Veterinary Services of Port Charlott	e, LLC	
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on September 19, 2013	and assigned
Florida document number L130000132953	_	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
Hitesman Veterinary Services, LLC		
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:	9226 Saiss	Blud
(Principal office address MUST BE A STREET ADDR	ESS) Punto Gorda	13000 13000
Enter new mailing address, if applicable:		16 FO
(Mailing address MAY BE A POST OFFICE BOX)		一家新
		P 500
B. If amending the registered agent and/or regist		the name of the he
registered agent and/or the new registered office addr	<u>'ess here</u> :	<u> </u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Florida	
	City , Florida	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, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			Remove
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	ve date, if other than the date of filing: (optional) extive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Put	rsuant to 605.020
ote: I	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will ent's effective date on the Department of State's records.	
ocumic	and a creetive date on the Department of State a records.	
e reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on	the earlier o
	90th day after the record is filed.	
	March 24	
ated_	Waith 24 2010 A	
	Contract Home	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00