117000160040

(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Ві	usiness Entity Nar	me)
(Do	ocument Number))
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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FLORIDA DEPARTMENT OF STATE Division of Corporations

December 4, 2013

YANRU ZHAO 9700 W HWY 318 REDDICK, FL 32686

SUBJECT: INSTITUTE OF INTEGRATIVE VETERINARY MEDICINE, LLC

Ref. Number: L13000160040

We have received your document for INSTITUTE OF INTEGRATIVE VETERINARY MEDICINE, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers Regulatory Specialist II Registration/Qualification Section

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Letter Number: 713A00027601

COVER LETTER

Division of Co	rporations			
SUBJECT:	titute of Integ	Arative Veterinary ted Liability Company	Medicine,	LLC
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
·		-		
	Yanru Zh	ao		
		Name of Person	· 	
	Institute	of Integrative U	leterinary Medicin	ne LLC
		Firm/Company		/
	9700 (1)	est Highway 318		
		Address 🗸		
	Reddick	, FL 32686 City/State and Zip Code CVM. COM		
	7,000.00	City/State and Zip Code		
	Yanru (a) t	CVM. COM2 o be used for future annual report notificati		
	t:-man address: (t	o be used for future annual report notificati	on)	
,	oncerning this matter, please of	aff:		<u>.</u>
Yani	ru zhao	at (352, 59/- 21)	41	3
Name o	f Person	Area Code & Daytime To	4/	, - ,
			•	
Enclosed is a check for the	ne following amount:		□\$60.00 Filing Fee	·
\$25,00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	U\$60.00 Filing Fee. Certificate of Status &	¢
		(additional copy is enclosed)	(additional copy is enclo	sed)

MAILING ADDRESS:

TO:

Registration Section

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

	Institute	0+	Integrative	Veterinary	Medicine,	LLC
	(<u>Name</u>	of the Lir	nited Liability Company (A Florida Limited Lia	vas it now appears on our r ability Company)	records.)	
The Articles	of Organization for	this Limit	ed Liability Company w	vere filed on	/2013 and a	issigned
Florida docu	ment number	13000	160040	, ,		
This amendn	nent is submitted to	amend the	e following:			
A. If amend	ling name, <u>enter th</u>	e new na	me of the limited liabili	ity company here:		
Int	egrative	Vete	rinary Medi	cal Institute d Liability Company," the de	e, LLC	<u></u>
The new nam "L.L.C."	must be distinguisha	able and er	nd with the words "Limite	d Liability Company," the de	esignation "LLC" or th	e abbreviation
Enter new p	orincipal offices add	dress, if a	pplicable:	N/A		
(Principal o	ffice address MUST	BE A ST	REET ADDRESS)			1 derib
				els 		
				. //	an essá e	<u> </u>
	mailing address, if a			N/A	· · · · · · · · · · · · · · · · · · ·	<u>ిఎ</u> '
(Mailing address MAY BE A POST OFFICE	<u>ICE BOX)</u>		<u> </u>	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		
						43)
			and/or registered offi ed office address here:	ce address on our recor	rds, enter the name	of the new
r ogister ea a	gent and of the ne	· · · · · · · ·				
<u>Na</u>	me of New Register	ed Agent:		N/A		
<u>Ne</u>	w Registered Office	Address:		Enter Floris	la street address	
				Enter Floria	ia sireer aaaress	
				City,	Florida Zip Co	ode
				•	•	

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 Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member Type of Action **Address Title** Name Remove Remove Remove Remove Remove Remove

D. 1	f amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Date	December 11. 2013.
	James Zhao
	Signature of a member or authorized representative of a member
	Typed or printed name of signee
	Typed or printed name of signee /
	Page 3 of 3

Filing Fee: \$25.00

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