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CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 379609 98373A

AUTHORIZATION :

*[Signature]*

COST LIMIT : \$ 25.00

ORDER DATE : August 6, 2020

ORDER TIME : 11:51 AM

ORDER NO. : 379609-005

CUSTOMER NO: 98373A

DOMESTIC AMENDMENT FILING

NAME: ARBOR PET HOSPITAL LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT

       RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY

XX PLAIN STAMPED COPY

       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Robinson -- EXT# 62968

EXAMINER'S INITIALS: \_\_\_\_\_

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ARBOR PET HOSPITAL 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:

C. Christian Sautter

Name of Person

Seiler, Sautter, Zaden, Rimes & Wahlbrink

Firm/Company

2850 North Andrews Ave.

Address

Wilton Manors, FL 33311

City/State and Zip Code

csautter@seisau.net

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

For further information concerning this matter, please call:

Chris Sautter

954 568-7000  
at ( )

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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



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**AMBR = Authorized Member**

[illegible]

[illegible]

NA

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated August 6, 2020

Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**