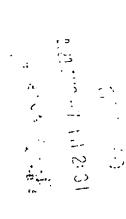
# L1300165610

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
,	

Office Use Only



700349588387



2029 Min - 7 I NI 12: 0.9

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

	ACCOUNT	NO.	;	I20000000195
--	---------	-----	---	--------------

REFERENCE : 3796,0.9 / 98373A

AUTHORIZATION: Sypelle Red.

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
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Robinson -- EXT# 62968

EXAMINER'S INITIALS:

# **COVER LETTER**

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Div	ision of Corp	porations		
CUB IECT.	ARBOR PE	T HOSPITAL LLC		
SUBJECT:		Name of Lin	nited Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed	Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		C. Christian Sautter		
			Name of Person	
		Seiler, Sautter, Zaden, Rin	nes & Wahlbrink	
			Firm/Company	
		2850 North Andrews Ave.		
			Address	
		Wilton Manors, FL 33311		
		<del></del>	City/State and Zip Code	
		csautter@seisau.net	to be used for future annual report not	(faction)
For further in	formation co	ncerning this matter, please c		meanon)
Chris Sautter			954 568-7000	
	Name of	Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a	check for the	e following amount:		
<b>≘ \$</b> 25.00 Fi		□ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	□ \$60.00 Filing Fee,
<u></u>		Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mail	ing Address:		Street Address:	
Reg	istration Se	ection	Registration Se	
Div	ision of Co	rporations	Division of Cor	porations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



### ARBOR PET HOSPITAL LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Compa	my were filed on $\frac{11/25/20}{1}$	and assigned
Florida document number L13000165610		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
NA		
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	NA	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	NA	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	ce address on our record	s, enter the name of the new registered
Name of New Registered Agent: NA		
New Registered Office Address:	Enier Florida stre	et address
		Florida
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Age	nt:	
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a	ete performance of my di	ities, and I am familiar with and

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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	LOUIS S. MOGYOROS, DVM	1220 NE 26TH ST	□Add
		WILTON MANORS, FL 33305	
			\exists Change
			□Add
			□Remove
			Change
			□Add
		<del></del>	Remove
			☐ Change
	<del>-</del>		□Add
			□ Remove
			□Change
		<del></del>	
		<del></del>	□Remove
		<del>.</del>	Change
			□Add
			□ Remove
			Change

						<del>-</del> -
						<del>-</del> 
						<del>-</del>
						_
					·	_
<del> </del>						_
<del> </del>						
	<del></del>			<del> </del>		-
	···		<u></u>			_
<del></del>						_
						_
<del></del>						_
		··-				_
	<del></del> -	<u> </u>				_
						-
						-
						-
<del></del>		<u> </u>				
Effective date, if other than (	the date of filing	NA		(optio	nal)	
If an effective date is listed, the date:	must be specific and	cannot be prior to	date of filing or mor	e than 90 days after f	iling.) Pursuant to 60	5.0207 (
Note: If the date inserted in this document's effective date on the			le statutory filing:	requirements, this	date will not be lis	ted as t
	, Dopar III on D					
		60: .: .:	. 10.01	.1 1' 6.0.		
e record specifies a delayed effect rd is filed.	rive date, but not	an effective tim	e, at 12:01 a.m. on	the earlier of: (b)	The 90th day after	er the
August 6		2020				
Dated August 0			. •			
	11/2					
	Stonature of a r	ember or authoric	zed representative of	a member		
	Cignature of a f.	or audiotr	representative Of	- 1110411001		
C. Christian Sautter,	Authorized Repre	sentative of a M	ember			

Filing Fee: \$25.00