

L14000042854

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

14 MAY - 7 AM 10:07

FILED

MAY - 8 2014
T. BROWN



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195
REFERENCE : 122515 4306193
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 55.00

ORDER DATE : May 6, 2014
ORDER TIME : 8:46 AM
ORDER NO. : 122515-005
CUSTOMER NO: 4306193

DOMESTIC AMENDMENT FILING

NAME: NVA NORTH FLORIDA VETERINARY
MANAGEMENT, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Gray -- EXT# 62925

EXAMINER'S INITIALS: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: NVA NORTH FLORIDA VETERINARY MANAGEMENT, 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:

SUZANNE M. HOFFMAN

Name of Person

KATTEN MUCHIN ROSENMAN LLP

Firm/Company

525 W. Monroe Street, Suite 1900

Address

Chicago, IL 60661-3693

City/State and Zip Code

sshulman@nvanet.com

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

For further information concerning this matter, please call:

Suzanne M. Hoffman

312

577-8306

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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

FILED
14 MAY -7 AM 10:07
CLERK OF STATE
TALLAHASSEE, FLORIDA

NVA NORTH FLORIDA VETERINARY MANAGEMENT, 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 Company were filed on March 13, 2014 and assigned
Florida document number L14000042854.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: _____

(Principal office address MUST BE A STREET ADDRESS) _____

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX) _____

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____

City

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

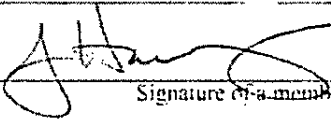
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Simmons & Fullerton, D.V.M., P.A.	2701 N. Monroe Street	<input type="checkbox"/> Add
		Tallahassee, FL 32303	<input checked="" type="checkbox"/> Remove
MGR	Gregory W. Hartmann	29229 Canwood Street, Suite 100	<input checked="" type="checkbox"/> Add
		Agoura Hills, CA 91301	<input type="checkbox"/> Remove
MGR	Scott Shulman	29229 Canwood Street, Suite 100	<input checked="" type="checkbox"/> Add
		Agoura Hills, CA 91301	<input type="checkbox"/> Remove
MGR	Randy Fullerton, DVM	2701 N. Monroe Street	<input checked="" type="checkbox"/> Add
		Tallahassee, FL 32303	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be more than 90 days after filing.) (605.0207 (3)(b))

Dated May 6 2014



Signature of a member or authorized representative of a member
Gregory W. Hartmann

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00