114000075702

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JUL 15 WIN D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dog Gone Mad, 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:

David J. Labovitz

Name of Person

Labovitz Law Firm, P.A.

Firm/Company

545 Delaney Ave., Suite 4

Address

Orlando, FL 32801

City/State and Zip Code

david@labolaw.com

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

For further information concerning this matter, please call:

David J. Labovitz

₃₇407、970-8633

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) Certificate of Status & Certified Copyed (additional copy is processed)

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

Dog Gone Mad, LLC	Lilla C	
(Name of the Limited Li. (A FI	ability Company as it now appears on ou orida Limited Liability Company)	ir records.)
The Articles of Organization for this Limited Liabili Florida document number <u>L14000075702</u>	ty Company were filed on May 9,	2014 and assigned
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
Discount Pet Vaccinations, LLC		
The new name must be distinguishable and end with the words	"Limited Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	<u> </u>	
(Principal office address MUST BE A STREET AI	DDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	2	
B. If amending the registered agent and/or r registered agent and/or the new registered office: Name of New Registered Agent:		records, <u>enter the name of the new</u>
New Registered Office Address:	Fuen Florido	at 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

Page 1 of 3

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

MGR = M AMBR = A	anager uthorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□ Add
		·	☐ Remove
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If amending any other information, enter change(s) here: (Attach addi	tional sheets, if necessary.)
•	
<u> </u>	
Effective date, if other than the date of filing:	(optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot the date this document is filed by the Florida Department of State)	t be more than 90 days after
Dated July 7 , , , 2014 ,	
Dated	
Signature of a member or authorized representation David J. Labovitz, Esq.	ve of a member

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Filing Fee: \$25.00

