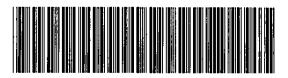
L150000 27994

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bi	ısiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
		!

Office Use Only



400268960804

02/17/15--01008 -022 **25.00



4.914 FEB 2 4 2015

COVER LETTER

TO:	Registration Sec Division of Corp			
	Vet Pet R	X LLC		
SUBJ	ECT:	Name of Lim	ited Liability Company	
The en	nclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please	e return all correspon	dence concerning this matter	to the following:	
		Gabriel Fernandez		
			Name of Person	
		Vet Pet RX LLC		
			Firm/Company	
		2719 Hollywood Blve	d B-43	
			Address	
		Hollywood FL 33020)	
		gfmontoto@gmail.co	City/State and Zip Code M	
		E-mail address: (1	to be used for future annual report notific	cation)
For fu	rther information co	ncerning this matter, please ca	all:	
Gab	riel Fernandez		305 5029082 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclos	sed is a check for the	following amount:		
\$2	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**

Vet Pet BX LLC

VOCT GCTIX EEO	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company L15000023994 Lorida document number	were filed on February 09, 2015 and assigne
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
he new name must be distinguishable and end with the words "Limited Liab	ility Company," the designation "LLC" or the abbreviation "L.L.C.
Enter new principal offices address, if applicable:	2719 Hollywood Blvd
Principal office address MUST BE A STREET ADDRESS)	B-43
	Hollywood FL 33020
Enter new mailing address, if applicable:	2719 Hollywood Blvd
Mailing address MAY BE A POST OFFICE BOX)	B-43
Maning unaress MAT BE A FOST OFFICE BOX)	Hollywood FL 33020
3. If amending the registered agent and/or registered of	ffice address on our records enter the name of t
registered agent and/or the new registered office address here	E Sign of Sign
Name of New Registered Agent:	B -
New Registered Office Address:	
	Enter Florida street address
	Florida Z.S. C.
	City Zip Code

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

MGR = Manager

<u>`itle</u>	<u>Name</u>	Address	Type of Action
			□ Remove
			Remove
			Add
			□ Remove
			<u> </u>
			Por United States Stat
			□-Remove
			Contract of the second
			Es Boydo
			Remove
			☐ Remove

·	, ·	
		•
		•
ve date if other than the	late of filing:	(ontional)
ctive date must be specific, canno	late of filing: t be prior to date of receipt or filed date and cannot	(optional) ot be more than 90 days after
ctive date must be specific, canno this document is filed by the Flor	t be prior to date of receipt or filed date and cannorida Department of State)	(optional) ot be more than 90 days after
ctive date must be specific, canno this document is filed by the Flor February 12	t be prior to date of receipt or filed date and cannot rida Department of State) 2015	(optional) ot be more than 90 days after
ve date, if other than the octive date must be specific, canno this document is filed by the Floriery 12	t be prior to date of receipt or filed date and cannot rida Department of State) 2015	(optional) ot be more than 90 days after
ctive date must be specific, canno this document is filed by the Flor February 12	t be prior to date of receipt or filed date and cannot rida Department of State) 2015	(optional) of be more than 90 days after
tive date must be specific, canno this document is filed by the Flor February 12	t be prior to date of receipt or filed date and cannot rida Department of State) 2015	ot be more than 90 days after

Page 3 of 3

Filing Fee: \$25.00

15 FEB 17 AM 9: 29
SECULARY OF STATE
TARRESSEE FROM