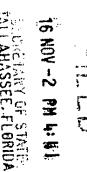
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Veterinary Integrative Sportsmedicine and Rehabilitation
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Christine Storck, DVM Name of Person
VISR Firm/Company
5753 Huy 85N #2558 Address
Crestuew FL 32536 City/State and Zip Code
Franzmarc 2 a gmail. Com E-mail address: (to be used for further annual report notification)
For further information concerning this matter, please call:
Construe Storck at (732) 977-8246 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55.00 Filing Fee & \$\Bigcup \$60.00 Filing Fee, \$\Bigcup \$Certificate of Status & \$\Bigcup \$(additional copy is enclosed)\$\$ Certified Copy (additional copy is enclosed) 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

Vetering Integrative Sontenedicing and Rehability Company as it now appears on our records.)

(Name of the Limited Liability Company)

The Articles of Organization for this Limited Liability Florida document number	ty Company were filed on 3.16.15 and assign	ed
This amendment is submitted to amend the following	<u>5</u> ;	
A. If amending name, enter the new name of the l	limited liability company here: 'Limited Liability Company,' the designation "LLC" or the abbreviation "L.C.	<u>,,,</u>
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET AD	(MINNEY, IN LATER REPORTED ARSILAGE)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5353 Hwy 85N #2558 Cresturen FC 32536	
B. If amending the registered agent and/or re registered agent and/or the new registered office a	egistered office address on our records, enter the name of address here:	the new.
Name of New Registered Agent:	THE STATE OF THE S	7
New Registered Office Address:	Enter Florida street address , Florida City Zip Code	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or reregistered agent and/or the new registered office a	egistered office address on our records, enter the name of address here: Enter Florida street address Florida	

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

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	DA		
Note:	tive date, if other than the date of filing:	uant to 605 10t be liste	.0207 (3)(ed as the
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on to 90th day after the record is filed.	he earlie	er of:
Dated	<u>october</u> 31, 2016.		
	Christine Storch DUM Signature of a member or authorized representative of a member		
	Signature of a member or authorized representative of a member		

Page 3 of 3

Filing Fee: \$25.00