

L15000148082

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

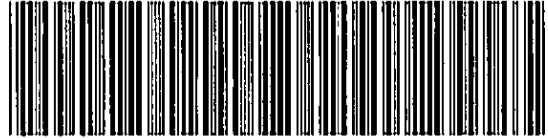
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S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 17, 2020

CASSANDRA FLEMING, DVM
CASSANDRA FLEMING, DVM, PLLC
20889 NW 159TH LANE
HIGH SPRINGS, FL 32643

SUBJECT: CASSANDRA FLEMING, DVM, LLC
Ref. Number: L15000148082

We have received your document for CASSANDRA FLEMING, DVM, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a professional limited liability company must contain CHARTERED, PROFESSIONAL LIMITED LIABILITY COMPANY, P.L.L.C. or PLLC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia H Young
Regulatory Specialist II

Letter Number: 820A00012019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CASSANDRA FLEMING, DVM, 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:

CASSANDRA FLEMING, DVM

Name of Person

CASSANDRA FLEMING, DVM, PLLC

Firm/Company

20889 NW 159th Lane

Address

High Springs, FL 32643

City/State and Zip Code

fleming.cassi@gmail.com

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

For further information concerning this matter, please call:

CASSANDRA FLEMING, DVM 352 215-2434
Name of Person at () Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

RECEIVED

JUL 06 2020

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

CASSANDRA FLEMING, DVM, 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 08/28/2015

Florida document number LL15000148082

This amendment is submitted to amend the following:

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

CASSANDRA FLEMING, DVM, PLLC

The new name must be distinguishable and contain 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)

20889 NW 159th Ln

High Springs, FL

32643

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1831 E. Wade St.

#1539

Trenton, FL 32693

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

City, Florida

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 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>	<u>Address</u>	<u>Type of Action</u>
MGR	CASSANDRA FLEMING, DVM	1671 NE State Road 47	<input type="checkbox"/> Add
		Trenton, FL 32693	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

This PLLC is being formed for the purpose of providing veterinary services.

[illegible]

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 prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated July 1, 2020

Cassandra Fleming

Typed or printed name of signee