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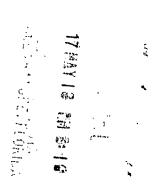
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MAY 1 9 2017 Y SULKER



May 2, 2017

AMY VAN DYKE 612 IVY AVENUE NICEVILLE, FL 32578

SUBJECT: VET PET NATURALLY LLC

Ref. Number: L16000002344

We have received your document for VET PET NATURALLY LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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) 245-6051.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 117A00008617

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

vet Pet Naturally LLC				
(<u>Name of the Limited Liability Company a</u> (A Florida Limited Liabil	s it now appears on our records.			
. (,,			
The Articles of Organization for this Limited Liability Company wer	e filed on 14/2016 & 213/2	410	and assign	ned
Florida document number <u>LIG000002344</u> .				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability	company here:			
Acupuncture and Holistic Veterinar The new name must be distinguishable and contain the words "Limited Liability Co	ompany," the designation "LLC"	Florida or the abbrevi	ation "L.L.C	nerald Co
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
· _				
···,	•	, ***	7	٠,
Enter new mailing address, if applicable:	<u> </u>	- 1	TRE Tre	
(Mailing address MAY BE A POST OFFICE BOX)				<u>, </u>
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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:		;	a D	
		•		
Name of New Registered Agent:	<u> </u>			
New Registered Office Address:	Enter Florida street address			
	. Flor	ida		
	Cin.		in Coda	

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

<u>Title</u>	<u>Name</u>		<u>Address</u>	Type of Action
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