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A CROWLEDGE TO ACKNOWLEDGE TO ACKNOWLEDGE TO BE TO

APROS 2010 J. HARRIS CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 087268 _ 43

AUTHORIZATION : Speller

COST LIMIT : \$ 55.00

ORDER DATE: April 1, 2016

ORDER TIME : 12:59 PM

ORDER NO. : 087268-005

CUSTOMER NO: 4306193

DOMESTIC AMENDMENT FILING

NAME: NV

NVA PCB VETERINARY MANAGEMENT, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER'S INITIALS:

COVER LETTER

Divi	sion of Corpo	orations			
SUBJECT:	NVA PCB V	eterinary Management, LLC			
SOBJECT.		Name of Limi	ted Liability Company		
The enclosed	Articles of A	mendment and fee(s) are subr	nitted for filing.		
Please return	all correspond	lence concerning this matter t	to the following:		
		Suzanne Hoffman			
			Name of Person		
		Katten Muchin Rosenman I	LLP		
			Firm/Company		
		525 West Monroe Street			
		***************************************	Address		
		Chicago, IL 60661-3693			
			City/State and Zip Code		
		sshulman@nvanet.com			
		E-mail address: (to	be used for future annual rep	port notification)	
For further in	formation con	cerning this matter, please cal	11:		
Suzanne Hoff	fman		312 577-8	8306	
	Name of P	erson	Area Code	Daytime Telepho	ne Number
Enclosed is a	check for the	following amount:			
□ \$25.00 Fi	ling Fee	□ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclose		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

Registration Section

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

NVA PCB Veterinary Management, LLC								
(<u>Name of the Limited Lia</u> (A Flo	ability Compan orida Limited Li	y as it now app ability Company	ears on our re	cords.)				
The Articles of Organization for this Limited Liabilit	ty Company v	vere filed on	January	26,	2016	and a	ssigne	d
Florida document number <u>L16000014977</u>	······································							
This amendment is submitted to amend the following	g:							
A. If amending name, enter the new name of the	<u>limited liabil</u>	ity company	<u>here</u> :					
The new name must be distinguishable and contain the words "	Limited Liabilit	y Company," th	designation "	LLC" or	the abbrev	iation "	L.L.C."	
Enter new principal offices address, if applicable:	:							
(Principal office address MUST BE A STREET AL	DDRESS)				.70	S cn		
					r	_ <u> </u>	Tria more	a
					;		70	* U
Enter new mailing address, if applicable:						<u> 영화</u>	1	7E-E
(Mailing address MAY BE A POST OFFICE BOX	ว					T1 (2)]>.	7 1
maning university III DENTOST OF THE BOX	4				;	≓ਨ: ⊃ਵ:		-
							69	
B. If amending the registered agent and/or re registered agent and/or the new registered office a			on our rec	ords, <u>e</u>	nter the	name	e of tl	ie ne
Name of New Registered Agent:								
New Registered Office Address:	 					<u> </u>		
		Enter F	lorida street ad	idress				
		011		, Florid		71. C. I		
		City			•	Zip Code	e	

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>	Address	Type of Action
AMBR	National Veterinary Associates	29229 Canwood, Strreet, Suite 100	
		Agoura Hills, CA 91301	■ Remove
			□ Change
MGR	Gregory W. Hartmann	29229 Canwood Street, Suite 100	■ Add
		Agoura Hills, CA 91301	Remove
			☐ Change
MGR	Scott Shulman	29229 Canwood Street, Suite 100	
		Agoura Hills, CA 91301	Remove
			🗀 Change
MGR	Matt LeBleu	8501 Front Beach Road	■ Add
		Panama City Beach, FL 32407	Remove
			PCO Chânge
			APP APP APP
			Remove II
			□ Remove
			□ Change

								
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e reco The 9	Oth day after the	record is filed Signature of	2016	<u> </u>			16 APR -	dia dia dia dia dia dia dia dia dia dia

Page 3 of 3
Filing Fee: \$25.00