

L160000 69223

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

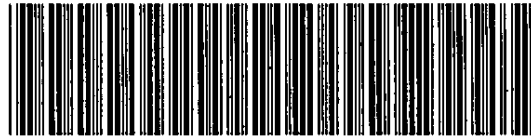
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/05/16--01024--010 **25.00

FILED
16 MAY 25 AM 7:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 31 2016
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Emily North, 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:

Emily North
Name of Person

changing name to - Midtown Animal Clinic
Firm/Company

121 SW 8th St
Address

Ocala FL 34471
City/State and Zip Code

mercereem26@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call: :

William North at (813) 714-0477
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$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



FLORIDA DEPARTMENT OF STATE SEC
Division of Corporations

RECEIVED
2016
2016 MAY 25 AM 10:57 57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

May 18, 2016

EMILY NORTH
121 SW 8TH ST
OCALA, FL 34471

SUBJECT: EMILY NORTH LLC
Ref. Number: L16000069223

We have received your document for EMILY NORTH 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):

You failed to make the correction(s) requested in our previous letter.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Jenna D Harris
Regulatory Specialist II

Letter Number: 416A00009694

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16 MAY 25 AM 7:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2016 MAY 16 PM 1:38
TALLAHASSEE, FLORIDA

May 9, 2016

EMILY NORTH
121 SW 8TH ST
OCALA, FL 34471

SUBJECT: EMILY NORTH LLC
Ref. Number: L16000069223

We have received your document for EMILY NORTH 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):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

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.

Jenna D Harris
Regulatory Specialist II

Letter Number: 416A00009694

FILED
16 MAY 25 AM 7:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Emily North, 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 4/7/16 and assigned Florida document number 81-2229331.

This amendment is submitted to amend the following:

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

Midtown Animal Clinic, LLC

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)

Midtown Animal Clinic
121 SW 8th St
Ocala FL 34471

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Emily North
P.O. Box 2402
Ocala FL 34478

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:

Emily North

New Registered Office Address:

121 SW 8th St

Enter Florida street address

Ocala

City

Florida

34471

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.

Emily North

If Changing Registered Agent, Signature of New Registered Agent

SECRETARY OF STATE
ALLAHUDDIN
FLORIDA
16 MAY 2016
AM 7:57
FILED

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 AMBR	Emily North	5363 NW 153rd Ct Morriston, FL 32668	<input type="checkbox"/> Add <input type="checkbox"/> Remove
MGR AMBR	William North	50% ownership 5363 NW 153rd Ct Morriston, FL 32668	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
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16 MAY 2016 AM 11:57
 TALLAHASSEE, FLORIDA
 SEAN L. HANSEN
 TALLAHASSEE, FLORIDA

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

Multiple horizontal lines for amending information.

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 _____

x Emily North (Handwritten signature)

Signature of a member or authorized representative of a member

Emily North (Typed name)

Typed or printed name of signee

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