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2017 JUN 14 PH 12: 54 SECRETARY OF STATE

J. HARRIE

COVER LETTER

	Registration Division of C	Section Corporations		
SUBJEC		ANASOFFKEE ANIMAL CLIN	IC LLC	
SUBJEC		Name of Lim	ited Liability Company	
The enclo	osed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please ret	turn all corres	spondence concerning this matter	to the following:	
		SHANNON KENNEDY		
			Name of Person	
		LAKE PANASOFFKEE A	NIMAL CLINIC LLC	
			Firm/Company	
		1310 N CR 470, BLDG 1,	SUITE 2	
		-	Address	***************************************
		LAKE PANASOFFKEE, I	FL 33538	
			City/State and Zip Code	
		Sha man chi E-mail address: (n Summe field was	hoo Com
For furthe	er information	n concerning this matter, please c		
<u>/ . `</u>	Jobe	Bruson	at (35a) 266	4473
	Nam	e of Person	Area Code Daytime	Telephone Number
Enclosed	is a check fo	r the following amount:		
\$25.0	0 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

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

LAKE PANASOFFKEE ANIMAL CLINIC 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 5/13/16 Florida document number _ L16000095076 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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:

SHANNON KENNEDY Name of New Registered Agent: 1310 COUNTY RD 470, BLDG 1, SUITE 2 New Registered Office Address: Enter Florida street address Florida 33585 LAKE PANASOFFKEE City

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 gistered 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>	Name	Address	Type of Action
MGRM	KEVIN D HARROD	1310 COUNTY RD 470	
		BLDG 1, SUITE 2	■ Remove
		LAKE PANASOFFKEE, FL 33538	☐ Change
			Add
			Remove
			Change
			Remove
		N	□ Change
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			Kemov FLORIDA
			Add
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			Change

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	ignature	f a member or auth	orized representati	ve of a member	SSEE F	I-L PHI2:

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Filing Fee: \$25.00