

L16000095076

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22 AUG 26 PM 4:00
DIVISION OF CORPORATE AFFAIRS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LAKE PANASOFFKEE ANIMAL CLINIC, 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:

SHANNON KENNEDY

Name of Person

Firm/Company

8175 E. PINE GARDEN CT.

Address

INVERNESS, FL 34450

City/State and Zip Code

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

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DIVISION OF CORPORATIONS

For further information concerning this matter, please call:

SHANNON KENNEDY

Name of Person

at (352)

789-0195

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

**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 05/16/2016 and assigned
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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address .

_____, Florida _____
City 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	SHANNON KENNEDY DVM	4599 S. FLORIDA AVE INVERNESS, FL 34450	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	SHANNON KENNEDY	8175 E. PINE GARDEN CT. INVERNESS, FL 34450	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated AUGUST, 2022

Signature of a member or authorized representative of a member

SHANNON KENNEDY

Typed or printed name of signee

LAKE PANASOFFKEE
ANIMAL CLINIC LLC
1310 COUNTY ROAD 470
LAKE PANASOFFKEE, FL 33538

2109

63-462,631
11

DATE

8/23/22

CHECK AMOUNT

PAY
TO THE
ORDER OF

Florida Department of State
Tuition fee 3⁰⁰/100

\$ 25.00

DOLLARS



Photo
Safe
Deposit
Check on back

BRANNEN

• B A N K •

"Your Hometown Bank"

FOR

[Signature]

⑈002109⑈ ⑆063104626⑆ 1151872301⑈

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Division of Operations