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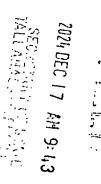
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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COVER LETTER

Tallahassee, FL 32314

	gistration Se dision of Cor						
SUBJECT:	AVIAN MEDICAL SUPPLIES & EQUIPMENTS, LLC						
SUBJECT.		Name of Lim	ited Liability Company				
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please returi	n all correspo	ondence concerning this matter	to the following:				
		MAX H SAINTIL					
			Name of Person				
		AVIAN MEDICAL SUPP	LIES & EQUIPMENTS, LI	.C			
			Firm/Company				
		5233 NW 33RD AVE					
		Address					
		FORT LAUDERDALE					
		FLORIDA, 33309	City/State and Zip Code				
For further i	nformation c	oncerning this matter, please ca	to be used for future annual repail:	он ноинсанов)			
MAX SAIN	TIL		772 243-8	3443			
Name of Person			Daytime Telephone Number				
Enclosed is a	a check for th	he following amount:					
□ \$25,00 I	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclos	ed) Certified C	of Status &		
	iling Addres		<u>Street Add</u> Registrati	ress: on Section			
Di	vision of C	Corporations	Division of	of Corporations			
P.C	D. Box 632	.7	The Centi	e of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limite	d Liability Compa A Florida Limited	iny as it now appears on our Liability Company)	r records.)
The Articles of Organization for this Limited Lia Florida document number L16000103035	nbility Company	were filed on 05/26/2010	6 and assigned
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liab	ility company here:	
AVIAN MEDICAL SUPPLIES & EQUIPMENTS,	LLC		2021 S
he new name must be distinguishable and contain the we	ords "Limited Liabi	lity Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ıble:	5233 NW 33RD AVE	
(Principal office address MUST BE A STREET ADDRESS)		FORT LAUDERDALE	
		FLORIDA 33309	
Inter new mailing address, if applicable:	5233 NW 33RD AVE	\$ 5	
<u>Mailing address MAY BE A POST OFFICE E</u>	<u>80X)</u>	FORT LAUDERDALE	<u> </u>
	FLORIDA 33309		
3. If amending the registered agent and/or regent and/or the new registered office address	s here:		, enter the name of the new reg
Name of New Registered Agent:	egistered Office Address: 5233 NW 33RD AVE Enter Florida street address		
New Registered Office Address:			
	FORT LAUDE		, Florida 33309
		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 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 A

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
MGR	MAX H SAINTIL	5233 NW 33RD AVE	Z\dd
		FORT LAUDERDALE	□Remove
		FLORIDA 33309	
			□Add
			□ Remove
			□Change
			DAdd
			□Remove
			□Change
			□Add
			Remove
			□Change
			□ Add
		 	□ Remove
			□Change
			□Add
			□Remove
			□Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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lf an ef <u>Note:</u>	ive date, if other than the date of filing: [12/10/2024] [cetive 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. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
record is fi	rd 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 led.
Dated	DECEMBER 12
	Signature of a member of anthorized representative of Linember

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