

From: William Lazenby
10/17/2017

Fax: (727) 362-6151

To:

Fax: (850) 617-6383

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Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : ELLISON LAZENBY PLLC
Account Number : I20150000059
Phone : (727)362-6151
Fax Number : (727)362-6131

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: admin@elattorneys.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
APEX II, LLC

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Corporate Filing Menu

Help

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

APEX II, 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 07/22/2016 and assigned
Florida document number L16000138417.

This amendment is submitted to amend the following:

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

Allied Veterinary Laboratories, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

Allied Veterinary Laboratories, LLC

(Principal office address MUST BE A STREET ADDRESS)

7083 Dixie Hwy.

Louisville, KY 40258

Enter new mailing address, if applicable:

Richard D. Wilkes

(Mailing address MAY BE A POST OFFICE BOX)

2108 Oceanview Drive

Tierra Verde, FL 33715

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:

Ellison & Lazenby, PLLC

New Registered Office Address:

200 Central Avenue, Suite 2000

Enter Florida street address

St. Petersburg

Florida

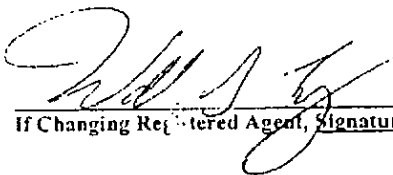
33701

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 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:

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MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	STANFORD, SCOTT B	695 CENTRAL AVENUE SUITE 206	<input type="checkbox"/> Add
		ST PETERSBURG, FL 33701	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
	SMITH, JAMES M	695 CENTRAL AVENUE SUITE 206	<input type="checkbox"/> Add
		ST PETERSBURG, FL 33701	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
	SHAHRIAR, MOHAMMED F	695 CENTRAL AVENUE SUITE 206	<input type="checkbox"/> Add
		ST PETERSBURG, FL 33701	<input checked="" 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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


F. 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.

(b) The 90th day after the record is filed.

Dated October 17, 2017


Signature of a member or authorized representative of a member

Richard D. Wilkes, DVM
Typed or printed name of signee

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