Division of Corporations

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To:

Division of Corporations

: (850) 617-6383 Fax Number

From:

: HOLLAND & KNIGHT (FT. LAUDERDALE) Account Name

Account Number: 075410003271 : (954; 525-1000 Phone : (954)463-2030 Fax Number

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

Email Address: meered as ovaler

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NVA MCABEE VETERINARY MANAGEMENT, LLC

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		•	COVER LETTER		
TO: Registration Section Division of Corporations					
		ee Veterinary Management			
SUBJECT	r;	Name of Limited Liability Company			
		Amendment and fee(s) are sub			
Pisaka retu	irn all correspor	Ashley McCord	to the following:		
Name of Person National Veterinary Associates					
Firm/Company 29229 Carrwood Street, Suite 100			20		
Address Agoura Hills, CA 91301			2019 AUG - 7		
		Ashley,mccord@nva.com	City/State and Zip Code		!
For further	r information co	E-mail address: (oncerning this matter, please c	to be used for future unnual report notifi- all:	ention)	PH 4: 21
Ashley M			805 436-0252		က်
	Name of	Person	Area Code Doytime	Telephone Number	 -
Enclosed i	is a check for th	e following amount:			
□ S25.00	9 Filing Fcc	□ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing F Certificate of Cortified Copy (odditional copy	Status & y
	Registr Divisio P.O. Bo	NG ADDRESS: ation Section n of Corporations ox 6327 ssec, FL 32314	STREET/COURTE Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tullahassee, FL 323	i itions iter Circle	

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To. Page 3 of 5

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

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AINTINAL	AND ON ONOMINEDATION	
	OF	
NVA McAbee Veterinary Managemer	nt 11.C	
(Name of the Limited to	nbility Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Lisbili	ty Company were filed on March 29, 2017	and assigned
1.17000071674	•	Į.
Florida document number L17000071674	 ·	;
This amendment is submitted to amend the followin	g:	
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	•	201
•		<u> </u>
(Principal office address MUST BE A STREET A.	DDRESS)	<u> </u>
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un est ga the continuation		2 2
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO)	<u> </u>	
		. 22
B. If unreading the registered agent and/or registered agent and/or the new registered office. Name of New Registered Agent:	address here:	
New Registered Office Address:	Enter Florida street address	<u> </u>
	Childry I (Draws in certain 22)	! :
_	Florida ,	
	City	Zip Code
New Registered Agent's Signature, if changing Regi	stered Auent:	
I hereby accept the appointment as registered approvisions of all statutes relative to the proper a accept the obligations of my position as register being filed to merely reflect a change in the region company has been notified in writing of this change in the sequence.	nd complete performance of my duties, and I at ed agent as provided for in Chapter 605, F.S. C istered office address, I hereby confirm that the	n jamiliar with and or, if this document is
	If Changing Registered Agent, Signature of New	Registered Agent
	Page 1 of 3	
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If amending or removed	g Authorized Person(s) authorized to m from our records:	anage, enter the title, name, and addre	ss of each person being added
MGR = M AMBR = A	Ianager Luthorized Momber		
Title	Name	Address	Type of Action
MGR	NVA Veterinary Associates, Inc.		[] Add
		29229 Cariwood Street, Suite 100 Agoure Hills, CA 91301	■ Remove
			Change
AMBR	National Veterinary Associates, Inc.	29229 Canwood Street, Sulte 100 Agoura Hills, CA 91301	
			Add.
			Remove
			Add
			□ Rentative
		-	Change
			□ Add
			☐ Remove
			☐ Change
			∏ Remove
			Change
			D Add
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			☐ Change
	Pag	c 2 of 3	(((H19000235073 3)))

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D. If amend	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)			
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E. Effective	e dute, if other than the date of filing:	rement (A 60:	5.0207 (31/6	,
Note: If	the date inserted in this block does not meet the applicable statutory filing requirements, this date will at's offective date on the Department of State's records.	not be list	ed as the	,
	and the state of t	the and	ar of	
If the reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on other day after the record is filed.	ule carii	EI OI.	
Dated _	August 5m, 2019.			
	01			
	Signature of a member or authorized representative of a member			
	Scott Shulman, Secretary and Treasurer			
	Typed or minted name of signee			
•		:		
	Page 3 of 3			
	Filing Fee: \$25.00			
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