

L17000077276

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

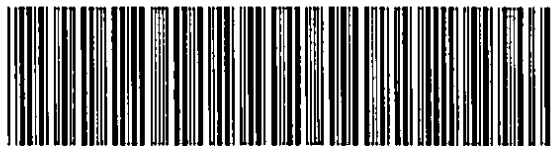
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100302153461

08/07/17--01014--029 **25.00

FILED
17 AUG -7 PM 1:56
CLERK OF DISTRICT COURT
JULIA ANN... 11/1/2017

D. SCOTT

AUG 9 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pine Island Animal hospital 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:

Pierre N. Joseph
Name of Person

Pine Island Animal hospital LLC
Firm/Company

2811 SW 33rd street
Address

Cape Coral FL 33914
City/State and Zip Code

pep.j2584@outlook.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Pierre Joseph at (239) 470 5277
Name of Person 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

FILED
17 AUG - 72 PM 1:55

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

Pine Island Animal Hospital 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 4/6/2017 and assigned Florida document number L17000077276.

This amendment is submitted to amend the following:

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

Colonial Animal Hospital LLC

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)

Colonial Square

6 mile cypress Parkway

Colonial Blvd. Fort Myers, FL 33966

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2811 SW 33rd street

CAPE CORAL, FL 33914

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:

Pierre N. Joseph

New Registered Office Address:

2811 SW 33rd street

Enter Florida street address

CAPE CORAL

City

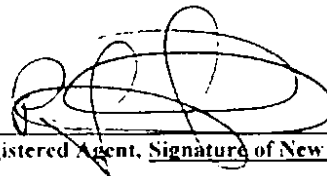
Florida

Zip Code

33914

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:

MGR = Manager
 AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	Pierie N. Joseph	2211 SW 33 rd str Cape Coral FL 33914	☒ Add
			☐ Remove
			☐ Change
MGR	Natalie Collet	2211 SW 33 rd str Cape Coral FL 33914	☒ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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

Please Add Natalie to Manager column

FILED
APR - 7 PM 1:56

E. Effective date, if other than the date of filing: 4/6/2017 (optional)

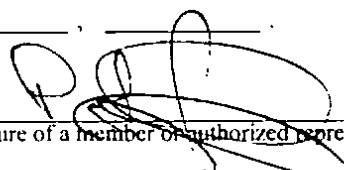
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record 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 record is filed.

Dated 8/3/2017


Signature of a member or authorized representative of a member

Pierre Joseph

Typed or printed name of signer