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Special Instructions to I	Filing Officer:	

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S. WARREN 'JUN 3 0 2017

# **COVER LETTER**

TO: Registration So Division of Cor			
SUBJECT:	Collins All Pet	Clinic, LLC	
Division of Corporations  SUBJECT: Collins All Pets Unic, LLC  Name of Limited Liability Company  The enclosed Articles of Amendment and feets) are submitted for filing.  Please return all correspondence concerning this matter to the following:  Christina Collins  Name of Person  Collins All Pets Clinic, LCC  Firm/Company  Deala FL 34472  City/State and Zip Code  Christina Collins 2013 Q grad Com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Christina Collins  Name of Person  at (Foi) 972-050 8  Daytime Telephone Number  Emclosed is a check for the following amount:  Section Filing Fee Section Filing Fee & Section Filing Fee & Section Filing Fee & Section Filing Fee			
The enclosed Articles of	Amendment and fee(s) are sub-	natted for filing.	
Please return all correspo	ondence concerning this matter t	to the following:	
	Christma	Collins Name of Person	
			<u>.                                    </u>
	Ocala, 5 Christina. (	City/State and Zip Code Collins 2013 (a) Gwail (Collins 2013)	om ication)
For further information c			
Chn's Kka	Collins of Person	at ( <u>402</u> ) 972 -	OSO & Telephone Number
Enclosed is a check for t	he following amount:		
S25.00 Filing Fcc	☐ \$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**

Collins All Pe	ts Clinic, d Liability Compan	LLC iv as it now appears on	our records.)	
· <del></del>	A Florida Limited Li	iability Company)		
The Articles of Organization for this Limited Lia	ability Company v	were filed on <u>04</u>	10 2017	and assigned
Florida document number <u>L17000</u>	79996.		1 '	
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	the limited liabi	lity company here:		
The new name must be distinguishable and contain the wo	ords "Limited Liabili	ty Company," the design	nation "LLC" or the al	bbreviation "L.L.C."
Enter new principal offices address, if applica	able:			
(Principal office address MUST BE A STREE	T ADDRESS)			
				.,
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE I	BOX)			
		<del></del>		
B. If amending the registered agent and/			ır records, <u>enter</u>	the name of the nev
registered agent and/or the new registered of	,			
Name of New Registered Agent:	Christin	la Collins		
New Registered Office Address:	1139 €.	Salver Spriv Enter Florida	ngs Blvd.	
	Ocala	Circ	, Florida	34470 Zip Code
New Registered Agent's Signature, if changing R		·		•
I barahy accent the appointment as registore	d agent and agre	oe to act in this can	acity I further as	rree to comply with the

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 limiting 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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	Signat	ure of a member or auth-	orized representative of a	member (*)	<del></del>	<u> </u>
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					_,	
	Christine	A, Collin	ed name of signee	<u> </u>	N	

Page 3 of 3

Filing Fee: \$25.00