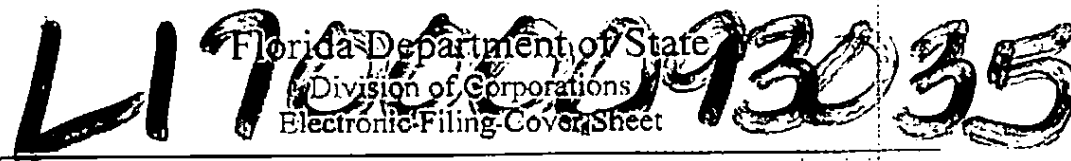


Division of Corporations

Page 1 of 2



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : HOLLAND & KNIGHT (FT. LAUDERDALE)
Account Number : 075410003271
Phone : (954) 525-1000
Fax Number : (954) 463-2030

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

Email Address: ashley.mccord@nva.com

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

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

RECEIVED
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TALLAHASSEE, FLORIDA

FILED
19 AUG - 7 AM 9:18
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

Help

(((H19000235049 3)))

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NVA Animal Oasis Veterinary Management, 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:

Ashley McCord

Name of Person

National Veterinary Associates

Firm/Company

29229 Canwood Street, Suite 100

Address

Agoura Hills, CA 91301

City/State and Zip Code

Ashley.mccord@nva.com

E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

Ashley McCord

805

436-0252

at ()

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

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

(((H19000235049 3)))

NVA Animal Oasis Veterinary Management, 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 April 26, 2017 and assigned
Florida document number L17000093035.

This amendment is submitted to amend the following:

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

City Florida 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 603, 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

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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>	<u>Address</u>	<u>Type of Action</u>
MGR	Veterinary Associates, Inc.	29229 Canwood Street, Agoura Hills, CA 91301	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	National Veterinary Associates, Inc.	29229 Canwood Street, Suite 100 Agoura Hills, CA 91301	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input checked="" type="checkbox"/> Add
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			<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.)

DATE	TIME	LOCATION	REMARKS
19	AUG - 1	MIN	

19 AUG -7 AM 9:18

11

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 August 5th, 2019

Signature of a member or authorized representative of a member

Scott Shulman, Secretary and Treasurer

Typed or printed name of signee

((H19000235049 3)))