L1000136570

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT M	AIL
(Business Entity Name)	<u>_</u>
(Document Number)	
Certified Copies Certificates of Status _	
Special Instructions to Filing Officer:	

Office Use Only



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JUN 2 6 2017 T SCHROEDER CORPORATION SERVICE COMPANY 1201 Hays Street

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

Phone: 850-558-1500
ACCOUNT NO. : I2000000195
REFERENCE : 698633 4306193
AUTHORIZATION : July 80 0000
COST LIMIT : \$ 150.00
ORDER DATE : June 23, 2017
ORDER TIME : 9:29 AM
ORDER NO. : 698633-005
CUSTOMER NO: 4306193
DOMESTIC AMENDMENT FILING
NAME: NVA MEOW, INC.
EFFECTIVE DATE:
XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Melissa Zender EXT# 62956

EXAMINER'S INITIALS:

COVER LETTER

TO:	New Filing S Division of C				
SUBJ	ECT: NVA M	ow, Inc.			
"		(Name of Re	sulting Florida Lin	ited Co	mpany)
					nd fees are submitted to convert an "Other accordance with s. 605.1045, F.S.
Please	return all corr	espondence concerning	g this matter to	:	
Eileen	Downes				
		(Contact Person)			
Katten	Muchin Rosenma	an LLP			
		(Firm/Company)		_	
525 W.	Monroe St.				
•••	············	(Address)		_	
Chicago	o, IL 60661				
	(1	City, State and Zip Code)		_	
esmith(@nvanet.com				
E-m	ail Address: (to b	oe used for future annual re	port notifications)	_	
For fur	ther informati	on concerning this ma	tter, please call:		
Eileen l	Downes		at (312	577-8	8215
	(Name of Conta	act Person)	(Area Code	;) (Day	8215 ytime Telephone Number)
		for the following amou a bank located in the		process	sed by this office must be payable in US
(\$25 for & \$125	0.00 Filing Fees Conversion for Articles mization)	☐\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Co		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STRE	ET ADDRES	S:	MAII	ING A	ADDRESS:
	iling Section		New F	iling S	ection
	on of Corporat	ions			Corporations
	Building	or Cirolo		Box 63:	27 FI 32314

Tallahassee, FL 32301

Articles of Conversion For "Other Business Entity" Into Florida Limited Liability Company

The Articles of Conversion and attached Articles of Organization are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: NVA Meow, Inc. $24 - 4659$
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Corporation (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of [Florida] (Enter state, or if a non-U.S. entity, the name of the country)
May 29, 2014
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: NVA Meow, LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: (The effective date: 1) cannot be prior to date of receipt or filed date nor more than 90 calendar days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Articles of Organization, if an effective date is listed therein.) 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.
5. The plan of conversion has been approved in accordance with all applicable statutes.
6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

2 2 NO	
Signed this 22 ha day of June	20_17
Signature of Authorized Representative of Lini	ted Liability Company:
Signature of Authorized Representative:	
Printed Name: Eric Smith	Title: Assistant Secretary
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)]
Signature:	
Printed Name: Eric Smith	Title: Assistant Secretary
Signatura	
Signature: Printed Name:	Title:
Signature:	
Printed Name:	_ Title:
Signature:	
Signature:Printed Name:	
Signature:Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	
If Directors or Officers have not been selected, an Inc	corporator must sign.
If Florida General Partnership or Limited Liabili	ty Dartnarchia
Signature of one General Partner.	ty factures up.
If Florida Limited Partnership or Limited Liabilit	y Limited Partnership:
Signatures of <u>ALL</u> General Partners.	
All others:	
Signature of an authorized person.	
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limited Liability Company	is:			
NVA Meow, LLC				
(Must contain the words "Limited Liab	ility Company, "L.L.C.," or "LLI	C.")		
ARTICLE II - Address: The mailing address and street address of the	principal office of the Li	mited Liability Company is:		
Principal Office Address:	Mailing Address:			
29229 Canwood St., Ste. 100	29229 Canwood St., Ste	e. 100		
Agoura Hills, CA 91301	Agoura Hills, CA 91301			
business entity with an active Florida registration.) The name and the Florida street address of th Corporation Service Company				
Na				
1001 H = 01				
Florida street address (P	.O. Box NOT acceptable			
Tallahassee	FL 32301			
City	Zip			
	I in this certificate, I hereb facity. I further agree to c te performance of my dution registered agent as provid	by accept the appointment as comply with the provisions of a es, and I am familiar with and		
Registered Agent's S	ignature (REQUIRED)			
(CONT)	(NUED)	TZ JUN SCCOL VIA		

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<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager		
AMBR	National Veterinary Associates, Inc.	_
	29229 Canwood St., Ste. 100	_
	Agoura Hills, CA 91301	-
		-
		-
		-
		_
		~
		-
		-
		-
effective date is listed, the date mu	the date of filing: 6/30/2017 at 11:59PM . (OPTIC st be specific and cannot be more than five busine	
CLE V: Effective date, if other than effective date is listed, the date mu 90 days after the date of filing.)	est be specific and cannot be more than five busine tet the applicable statutory filing requirements, this date will no	ess day
ICLE V: Effective date, if other than effective date is listed, the date mu 90 days after the date of filing.) If the date inserted in this block does not me	est be specific and cannot be more than five busine tet the applicable statutory filing requirements, this date will no	ess day
ICLE V: Effective date, if other than effective date is listed, the date mu 90 days after the date of filing.) If the date inserted in this block does not meent's effective date on the Department of Sta	est be specific and cannot be more than five busine tet the applicable statutory filing requirements, this date will no	ess day
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ICLE V: Effective date, if other than effective date is listed, the date mu 90 days after the date of filing.) If the date inserted in this block does not me ent's effective date on the Department of State (CLE VI: Other provisions, if any.) REQUIRED SIGNATURE: Signature of a mem This document is executed in I am aware that any false info	est be specific and cannot be more than five busine tet the applicable statutory filing requirements, this date will no	ess day. 17 JUN 26 PM 12:
ICLE V: Effective date, if other than effective date is listed, the date mu 90 days after the date of filing.) If the date inserted in this block does not me ent's effective date on the Department of State (ICLE VI: Other provisions, if any.) REQUIRED SIGNATURE: Signature of a mem This document is executed in a may aware that any false inforcement in the constitutes a third degree felorement.	ber or an authorized representative of a member accordance with section 605.0203 (1) (b). Florida States on as provided for in s.817.155, F.S.	ess day. 17 JUN 26 PM 12: 0
ICLE V: Effective date, if other than effective date is listed, the date mu 90 days after the date of filing.) If the date inserted in this block does not me ent's effective date on the Department of State (ICLE VI: Other provisions, if any.) REQUIRED SIGNATURE: Signature of a mem This document is executed in a may aware that any false inforcement in the constitutes a third degree felorement.	ber or an authorized representative of a member, accordance with section 605.0203 (1) (b). Florida Statues, ormation submitted in a document to the Department of State	ess day. 17 JUN 26 PM 12: 0

The name and address of each person authorized to manage and control the Limited Liability

ARTICLE IV-

Company: