L1700013L580

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(В	usiness Entity Nar	me)
(D	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	





000300664350

SCOPETABLE STATE

1317 JUN 26

JUN 26 AM 10: 50

JUN 2 6 2017

T SCHROEDER

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 698633 nell 4306193

AUTHORIZATION :

COST LIMIT : \$ 150.00

ORDER DATE: June 23, 2017

ORDER TIME : 9:34 AM

ORDER NO. : 698633-035

CUSTOMER NO: 4306193

DOMESTIC AMENDMENT FILING

NAME: NVA BAYSHORE VETERINARY

MANAGEMENT, INC.

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
YX 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				
SURI	IECT: NVA Ba	yshore Veterinary Manage	ment, Inc.		
осъс	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		sulting Florida Limite	ed Con	npany)
					d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please	e return all corr	espondence concernin	g this matter to:		
Eileen	Downes				
		(Contact Person)			
Katten	Muchin Rosenma	an LLP			
	··	(Firm/Company)			
525 W	/. Monroe St.				
		(Address)			
Chicag	go, IL 60661				
	(1	City, State and Zip Code)			
esmith	@nvanet.com		_		
E-r	nail Address: (to b	oe used for future annual re	port notifications)		
For fu	ırther informati	on concerning this ma	tter, please call:		
Eileen	Downes			577-8	
	(Name of Conta	act Person)	(Area Code)	(Day	time Telephone Number)
		for the following amou a bank located in the		rocess	sed by this office must be payable in US
(\$25 fo & \$125	60.00 Filing Fees or Conversion 5 for Articles anization)	☐\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Copy		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STRE	EET ADDRES	S:	MAILI	NG A	ADDRESS:
New I	Filing Section		New Fil	ing S	ection
	ion of Corporat	ions	Divisio	ofC	forporations
	n Building		P. O. Bo		
2661	Executive Cent	er Circle	Tallahas	ssee l	FI. 32314

Tallahassee, FL 32301

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

The Articles of Conversion <u>and attached Articles of Organization</u> 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 Bayshore Veterinary Management, Inc.
(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
May 22, 2014
on
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
NVA Bayshore Veterinary Management, LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: 6/30/2017 at 11:59PM
(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

Signed this ZZ HD day of June	_ 20_17
Signature of Authorized Representative of Limi	1 —
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
Signature:Printed Name:	
Signature:Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liabili Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
Fces:	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

FILED

17 JUN 25 PH 12: 08

SLOWGIAGO ST STATE
THE TANKS SEE: FLORIDA

ARTICLE I - Name:			
The name of the Limited Liability Company	is:		
NWA Paraham Vatarinam Managamant LLC			
NVA Bayshore Veterinary Management, LLC (Must contain the words "Limited Liab	ility Company	"LLC "or "LLC")	
(Mail Comain the Mail Shinted Mail	ing company	B.13.0., 01 B.1.C., 7	
ARTICLE II - Address: The mailing address and street address of the	principal o	ffice of the Limit	ed Liability Company is:
Principal Office Address:	Mailin	g Address:	
29229 Canwood St., Ste. 100	29229 (Canwood St., Ste. 10	0
Agoura Hills, CA 91301	Agoura	Hills, CA 91301	
ARTICLE III - Registered Agent, Register The Limited Liability Company cannot serve as its own Registeress entity with an active Florida registration.)	red Office, gistered Agent.	& Registered Ag You must designate an	gent's Signature: n individual or another
The name and the Florida street address of the	e registered	agent are:	
Corporation Service Company	·		
Na	me		
1201 Hays Street			
Florida street address (P.	.O. Box <u>NO</u>	OT acceptable)	
m 11.1.	Di	20201	
Tallahassee City	F <u>.L</u>	32301 Zip	
City		Zīp	
Having have remade as registered agant and	_		
liability company at the place designated registered agent and agree to act in this caps statutes relating to the proper and complet accept the obligations of my position as the accept the acceptance of the completed acceptance of the collisions of the proper and completed acceptance of the collisions of the collisio	' in this cert acity. I furt e performa	ificate, I hereby ac her agree to comp ice of my duties, c	ply with the provisions of all and I am familiar with and
liability company at the place designated registered agent and agree to act in this capastatutes relating to the proper and complet	' in this cert acity. I furt e performa	ificate, I hereby ac her agree to comp ice of my duties, c	ccept the appointment as ply with the provisions of all and I am familiar with and
liability company at the place designated registered agent and agree to act in this capastatutes relating to the proper and complet	in this cert acity. I furt e performat registered a	ificate, I hereby ad her agree to comp nce of my duties, c gent as provided j	ccept the appointment as ply with the provisions of all and I am familiar with and

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager	National Veterinary Associates, Inc.	
AMBR	29229 Canwood St., Ste. 100	
	Agoura Hills, CA 91301	
	Tigota Titley Co. Titley	
effective date is listed, the date mus	ne date of filing: 6/30/2017 at 11:59PM . (OPTION t be specific and cannot be more than five business	AL) days
ICLE V: Effective date, if other than the effective date is listed, the date mus 90 days after the date of filing.)	t be specific and cannot be more than five business t the applicable statutory filing requirements, this date will not b	days
ICLE V: Effective date, if other than the effective date is listed, the date mus 90 days after the date of filing.) If the date inserted in this block does not mee	t be specific and cannot be more than five business t the applicable statutory filing requirements, this date will not b	days
ICLE V: Effective date, if other than the effective date is listed, the date mus 90 days after the date of filing.) If the date inserted in this block does not meetent's effective date on the Department of States	t be specific and cannot be more than five business t the applicable statutory filing requirements, this date will not b	days
ICLE V: Effective date, if other than the effective date is listed, the date muse 90 days after the date of filing.) If the date inserted in this block does not meetent's effective date on the Department of State ICLE VI: Other provisions, if any.	t be specific and cannot be more than five business t the applicable statutory filing requirements, this date will not b	days
ICLE V: Effective date, if other than the effective date is listed, the date mus 90 days after the date of filing.) If the date inserted in this block does not meetent's effective date on the Department of States	t be specific and cannot be more than five business t the applicable statutory filing requirements, this date will not b	e listed
ICLE V: Effective date, if other than the effective date is listed, the date muse 90 days after the date of filing.) If the date inserted in this block does not meetent's effective date on the Department of State ICLE VI: Other provisions, if any. REQUIRED SIGNATURE:	t be specific and cannot be more than five business t the applicable statutory filing requirements, this date will not be e's records.	e listed
ICLE V: Effective date, if other than the effective date is listed, the date muse 90 days after the date of filing.) If the date inserted in this block does not meetent's effective date on the Department of State ICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a memb This document is executed in 1 am aware that any false infor	t be specific and cannot be more than five business t the applicable statutory filing requirements, this date will not b	e listed
ICLE V: Effective date, if other than the effective date is listed, the date muse 90 days after the date of filing.) If the date inserted in this block does not meetent's effective date on the Department of State ICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a memb This document is executed in 1 am aware that any false infor	t be specific and cannot be more than five business t the applicable statutory filing requirements, this date will not be so records. er or an authorized representative of a member accordance with section 605.0203 (1) (b), Florida Statutes mation submitted in a document to the Department of State	e listed

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

ARTICLE IV-