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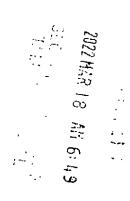
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TO:

	Registration So Division of Cor			
SUBJEC	Florida Ve	terinary Rehabilitation, LEC		
300,11.0	-1	Name of Un	nited Liability Company	
The enck	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		Anthony A. Mahan, Esq.		
			Name of Person	
		Maban Law		
			Firm/Company	
		102 Fairfield Ave., 2nd Fl		
		·	Address	-
		Bellevue, KY 41073		
			City/State and Zip Code	
		info@mahanlaw.com		
		E-mail address: (to be used for future annual report no	tification)
For furth	er information e	oncerning this matter, please c	all:	
Anthony	A. Mahan, Esq		859 757-1240	
	Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed	is a check for th	ne following amount:		
■ \$ 25.0	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 Addres		Street Address:	
	Registration 5 Division of C		Registration Se Division of Co	
	P.O. Box 632		The Centre of	•
•	Tallahassee, I	FL 32314		oc Street, Suite 810

Tailahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION -

Florida Veterinary Rehabilitation, LLC

2022 HAR 18 AH 6: 50 (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 $\frac{07/10/2017}{1}$ and assigned Florida document number | L17000146654 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Mason DVM, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 744 Mystic Oaks Lane Enter new principal offices address, if applicable: Deland, FL 32724 (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: Emer Florida street address

New Registered Agent's Signature, if changing Registered Agent:

Thereby accept the appointment as registered eigent 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. Thereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, <u>outer the title</u>, <u>name</u>, and address of each person <u>being added</u> or removed from our records:

MGR = M $AMBR = A$	lanager uthorized Member			2022	10 m	
Title	<u>Name</u>		Address	2022 MAR 18	Ali 6: 50	Type of Action
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Effective date, if other than the fan effective date is listed, the date mu Note: If the date inserted in this b document's effective date on the I	lock does not meet the applicable	ate of tiling or more the statulory filing rec	optio nan 90 days after quirements, this	nal) filing.) Pursuant to 605.0207 (3 date will not be listed as th
record specifies a delayed effective is filed.	ve date, but not an offective time.	at 12:01 a.m. on th	e earlier of: (b)	The 90th day after the
Dated March 12	. 2021			
	Signature of a member or authorize	d representative of a	member	
Anthony A. Mahan, Es	rd			
- Suddony A Standin ES	q. Lyped or printed no	acide of Signee	 	

Filing Fee: \$25.00