

Division of Corporations

8/28/17 4:03 PM

L17000176277

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : EPGD ATTORNEYS AT LAW, P.A.
Account Number : 120140000049
Phone : (786)837-6787
Fax Number : (305)716-0687

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

Email Address: eric@epgdllaw.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN THE PET STOP MOBILE CLINIC 4, LLC

Certificate of Status	0
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OFFICE OF THE
TALLAHASSEE, FLORIDA

2017 AUG 28 AM 10:11

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FAX COVER SHEET

TO	Division of Corporations
COMPANY	Florida Department of State
FAXNUMBER	18506176383
FROM	Assistant Assistant
DATE	2017-08-28 20:35:05 GMT
RE	Articles of Amendment for The Pet Stop Mobile Clinic 4, LLC

COVER MESSAGE

Please find attached the Articles of Amendment for The Pet Stop Mobile Clinic 4, LLC

COVER LETTER**TO: Registration Section
Division of Corporations****SUBJECT: THE PET STOP MOBILE CLINIC 4, L.L.C.**

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:

Eric P. Gros-Dubois

Name of Person

EPGD Attorneys at Law, P.A.

Firm/Company

2701 Ponce de Leon Blvd., Suite 202

Address

Coral Gables, FL 33134

City/State and Zip Code

eric@epgdlaw.com

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

For further information concerning this matter, please call:

Eric P. Gros-Dubois

786

837-6787

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

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

FILED
2017 AUG 28 AM 10:11
CLERK OF STATE
TALLAHASSEE FLORIDA

THE PET STOP MOBILE CLINIC 4, 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 08/17/2017 and assigned
Florida document number L17000176277

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 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 liability 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

AMDR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Tina Zambrana	12079 SW 131 Avenue, Miami, FL 33186	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	The Pet Stop Mobile Clinic Holding, LLC	12079 SW 131 Avenue, Miami, FL 33186	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<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.)

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated August 28 2017

Signature of a member or authorized representative of a member

Eric P. Gros-Dubois

Typed or printed name of signee