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DEC 18 2017

COVER LETTER

TO:	Registration Sec Division of Corp					
≱		terinary Clinic, LLC				
SUBJ	EC1:	Name of Limit	ted Liability Company			
The er	nclosed Articles of A	Amendment and fee(s) are subm	nitted for filing.			
Please	return all correspon	ndence concerning this matter t	o the following:			
		Deanna Rose DeVuyst Arm	astrong			
Name of Person						
Maitland Veterinary Clinic, LLC						
Firm/Company						
377 Twelve Oaks Drive						
Address						
		Winter Springs, FL 32708				
			City/State and Zip Code			
		drdevuyst@gmail.com	o be used for future annual report notifica	tion)		
For fu	rther information co	oncerning this matter, please ca	_	inon,		
	na Armstrong		407 600-4617			
Name of Person		Person	at () Area Code Daytime T	elephone Number		
Enclo	sed is a check for th	e following amount:				
■ \$2	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

(Name of the Limited Lia (A Flo	ibility Company as it now appears on our records.) orda Limited Liability Company)	
The Articles of Organization for this Limited Liabilit	ty Company were filed on August 18, 2017 and assi	gned
This amendment is submitted to amend the following	ç:	
A. If amending name, enter the new name of the l	limited liability company here:	
Furever Family Animal Hospital, LLC		
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 AD	ODRESS)	
Enter new mailing address, if applicable:	- - - - - - - - - -	
(Mailing address MAY BE A POST OFFICE BOX)	2 <u> </u>	(1)
B. If amending the registered agent and/or registered agent and/or the new registered office a	egistered office address on our records, <u>enter the name ouddress here</u> :	of the
Name of New Registered Agent:		<u>-</u>
New Registered Office Address:	Enter Florida street address	
	, Florida	

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, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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ii am	ending any other information, enter change(s) here: (Attach additional sheets, if necessor	ury.)	
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Effec	tive date, if other than the date of filing: (optional fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing. If the date inserted in this block does not meet the applicable statutory filing requirements, this date	ing.) Pursuant to 6	605.0207 (3
	nent's effective date on the Department of State's records.	THE WITH HULL DE I	ioicu as ui
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m e 90th day after the record is filed.	n. on the ear	rlier of:
Dated	1 December 13 2017.		
	Signature of a member or authorized representative of a member		
	organization of a member of authorized representative of a member		
	Deanno Amstrog Typed or-printed name of signee		

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Filing Fee: \$25.00