L17000185014

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

Office Use Only



900303914959

08/28/17--01023--008 ++25.00

17 SEP 28 PH 2: 54

COVER LETTER

TO: Registration S Division of Co			
CITE ID OF	Kendall, LLC		
500 3 EC1.	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Arlene Rodriguez		
		Name of Person	
	Pets First Enterprises, LLC		
		Firm/Company	
	20270 S. Tamiami Trail	Name of Person Primises, LLC Firm/Company Jami Trail Address O28 City/State and Zip Code Ogmail.com The please call: The please call call call call call call call cal	
		Address	·
	Estero, FL 33928		
		City/State and Zip Code	
	arlenerod0926@gmail.com		
	E-mail address: (to be used for future annual report notif	ication)
For further information	concerning this matter, please co	all:	
Arlene Rodriguez		772 215-5567 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	Certified Copy	□ \$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

Pets First Kendall, LLC		
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our record d Liability Company)	<u>ls.</u>)
The Articles of Organization for this Limited Liability Compan	y were filed on 8/30/2017	and assigned
Florida document number 1.17000185014		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ibility company here:	TY SEP
Pets First Animal Hospital - Kendall, LLC		
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation "LLC	111
Enter new principal offices address, if applicable:		- PA O
(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 registered agent and/or the new registered office address he		s, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	, ç
	, Flo	orida 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 = M $AMBR = A$	Ianager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
			□ Remove
			Change
		<u> </u>	□ Add
			□ Remove
			Remove TI Change PH 2:5
			Change CT
			□ Add ?? □
			□ Řemove
			□ Change
			Remove
			☐ Change
			Add
			□ Remove
			Change

•	,		• • •		_
				· · · · · · · · · · · · · · · · · · ·	_
-					
					_
					_
			····		_
					_
					_
1		•		吳古	- بر ا
				<u> </u>	केंद्र
			 		220
				SICH CONTRACTOR	
				4.	4
				-	- 5 1
			· · · · · · · · · · · · · · · · · · ·		<u></u>
					_
			· · · · · ·		_
ective date, if other than the effective date is listed, the date mus	date of filing:	prior to date of filin	v or more than 90 days	optional) after filing \ Pursuant to 6	05 0207 <i>(</i>
e: If the date inserted in this ble	ock does not meet the a	ipplicable statutor;			
ument's effective date on the Do	partment of State's rec	coras.			
record specifies a delayed he 90th day after the rec		it not an effect	ive time, at 12:0)1 a.m. on the ear	lier of:
September 25	2017				
α	-				
\ X /\			native of a member		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00