L17000 190079

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COVER LETTER

Registration Section Division of Corporations

VETERINARY MEDICAL CENTER AT LAKEWOOD RANCH LLC

C1	Name of Lim	ited Liability Company	The state of the s			
losed Articles of	Amendment and fee(s) are sub	omitted for filing.				
eturn all correspo	ondence concerning this matter	to the following:				
	CRAIG M STEINHOFF					
		Name of Person				
	НВК					
	Firm/Company					
	1777 MAIN STREET, SU	TTE 301				
		Address				
SARASOTA, FL 34236						
	CSTEINHOFF@HBKCPA	City/State and Zip Code .COM				
	E-mail address; (to be used for future annual report notif	tication)			
her information c	concerning this matter, please c	all:				
M STEINHOFF	:	941 957-4242 at ()				
Name o	of Person	Area Code Daytime	e Telephone Number			
d is a check for t	he following amount:					
.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**

LAKEWOOD RANCH VETERINARY CENTER LLC

ARTICLES OF C	ORGANIZATION		
O	OF O		
	LC any as it now appears on our records.) Liability Company)		
LAKEWOOD RANCH VETERINARY CENTER LI	.C (7)		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our records.) Liability Company)		
cles of Organization for this Limited Liability Company	were filed on SEPTEMBER 07, 2017 and assigned		
locument number L17000190079			
	تقان		
endment is submitted to amend the following:			
nending name, <u>enter the new name of the limited liab</u>	pility company here:		
NARY MEDICAL CENTER AT LAKEWOOD RANCH L	LC		
	ility Company," the designation "LLC" or the abbreviation "LLC."		
15205 CADNET TRAIL			
ew principal offices address, if applicable:			
al office address MUST BE A STREET ADDRESS)	BRADENTON, FL 34211		
			
ew mailing address, if applicable:	15205 GARNET TRAIL		
g address MAY BE A POST OFFICE BOX)	BRADENTON, FL 34211		
amending the registered agent and/or registered o	ffice address on our records, enter the name of the ne		
ed agent and/or the new registered office address her			
Name of New Registered Agent:			
The state of the s			
New Registered Office Address:	Enter Florida street address		
	rmer rioriaa sireel aaaress		
	, Florida		
	City Zip Code		
istered Agent's Signature, if changing Registered Agent:			
ms of all statutes relative to the proper and complete	ee to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is address, I hereby confirm that the limited liability		
y has been notified in writing of this change.			

If Changing Registered Agent, Signature of New Registered Agent

nding Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added oved from our records:

- Manager
- Authorized Member

	<u>Name</u>	Address	Type of Action
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ve date, if other than the da ective date is listed, the date must be	te of filing:	to of filing or more than 00 day	(optional)
If the date inserted in this block	does not meet the applicable	statutory filing requiremen	ts, this date will not be listed a
ent's effective date on the Depa	tment of State's records.		
cord specifies a delayed et	factiva data, but not an	offective time at 12	·01 a.m. on the earlier o
90th day after the record		renective time, at 12	.01 a.m. on the carner c
•	is med.		
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February 11	. <u>2019</u> .		
	/ /		
(/ >8	CA L		
Sig	nature of a member or authorized	I representative of a member	
	-		
CRAIG M STEINHOFF			
	Typed or printed na	me of signee	

mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Page 3 of 3

Filing Fee: \$25.00