

L1700019 0079

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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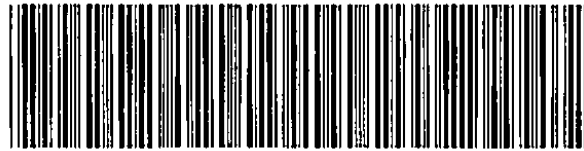
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MAR 11 2019
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Registration Section
Division of Corporations

CT: VETERINARY MEDICAL CENTER AT LAKEWOOD RANCH LLC
Name of Limited Liability Company

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TALLAHASSEE, FL
CLERK OF SUPERIOR COURT

losed Articles of Amendment and fee(s) are submitted for filing.

eturn all correspondence concerning this matter to the following:

CRAIG M STEINHOFF

Name of Person

HBK

Firm/Company

1777 MAIN STREET, SUITE 301

Address

SARASOTA, FL 34236

City/State and Zip Code

CSTEINHOFF@HBKCPA.COM

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

her information concerning this matter, please call:

M STEINHOFF 941 957-4242
at ()
Name of Person Area Code Daytime Telephone Number

d is a check for the following amount:

☐ \$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 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

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

= Manager
= Authorized Member

<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	<input type="checkbox"/> Add
	_____	<input type="checkbox"/> Remove
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amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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)

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Recorded on February 11, 2019.



Signature of a member or authorized representative of a member

CRAIG M STEINHOFF

Typed or printed name of signee