

L17000190079

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

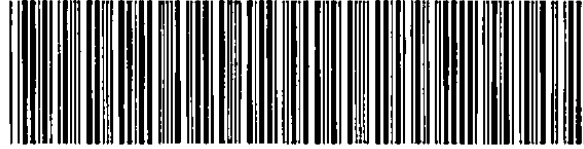
(Business Entity Name)

(Document Number)

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C McNAIR

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

LAKEWOOD RANCH VETERINARY CENTER LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2019 MAR -4 PM 2:43
CLERK OF DISTRICT COURT
HALL COUNTY, FLORIDA

Articles of Organization for this Limited Liability Company were filed on SEPTEMBER 07, 2017 and assigned document number LI7000190079.

Amendment is submitted to amend the following:

Amending name, enter the new name of the limited liability company here:

VETERINARY MEDICAL CENTER AT LAKEWOOD RANCH LLC

Name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "LLC."

new principal offices address, if applicable:

15205 GARNET TRAIL

Principal office address MUST BE A STREET ADDRESS

BRADENTON, FL 34211

new mailing address, if applicable:

15205 GARNET TRAIL

Mailing address MAY BE A POST OFFICE BOX

BRADENTON, FL 34211

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

_____, Florida

City

Zip Code

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 understand the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is 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

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
_____	_____	<input type="checkbox"/> Change
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_____	_____	<input type="checkbox"/> Change

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

Multiple horizontal lines for amending information.

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 the 90th day after the record is filed.

Effective date: February 11, 2019

Signature of a member or authorized representative of a member

CRAIG M STEINHOFF

Typed or printed name of signee