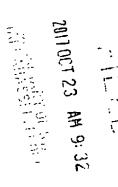
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(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	<del></del>
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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K. SALY OCT 2 4 2017 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 879936 4306193

AUTHORIZATION

COST LIMIT : \$ 25.00 \$25.00

ORDER DATE : October 23, 2017

ORDER TIME : 2:58 PM

ORDER NO. : 879936-005

CUSTOMER NO: 4306193

## DOMESTIC AMENDMENT FILING

NAME: NVA TLC VETERINARY

MANAGEMENT, LLC

EFFECTIVE DATE:

XXX ARTICLES OF AMENDMENT
RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XXX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER'S INITIALS:

## **COVER LETTER**

Div	ision of Cor	porations				
SUBJECT:	NVA TLC	VETERINARY MANAGEM	ENT, LLC			
		Name of Lin	nited Liability Company			
The enclosed	d Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return	all correspo	ndence concerning this matter	to the following:			
		Suzanne M. Hoffman				
			Name of Person			
		Katten Muchin Rosenman	LLP			
		Firm/Company				
		525 West Monroe Street,	Suite 1900			
			Address	<del></del> -		
		Chicago, IL 60661-3693				
		-	City/State and Zip Code	<del></del>		
		sshulman@nvanet.com				
			to be used for future annual report notif	ication)		
For further in	iformation co	oncerning this matter, please c	all:			
Suzanne M.	Hoffman	_	312 577-8306			
	Name of	Person		Telephone Number		
Enclosed is a	check for th	e following amount:				
■ \$25.00 F	iling 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:

TO:

Registration Section

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

2a.	1/250
-0/	25
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NVA TLC VETERINARY MANAGEMENT, LLC

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

The Articles of Organization for this Limited Liability C	Company were filed or	09/22/2017	and assigned
Florida document number L17000197183	<u>_</u> .		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ited liability compan	<u>v here</u> :	
The new name must be distinguishable and contain the words "Lim	ited Liability Company,"	he designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR	RESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>		
		, <u> </u>	· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or regist	tered office address	on our records,	enter the name of the new
registered agent and/or the new registered office addr	ress here:		
Name of New Registered Agent:	<del></del>		<del></del>
New Registered Office Address:			
	Enter	Florida street address	···
<u></u> .		, Floric	ia
	City		la
New Registered Agent's Signature, if changing Registered			
I hereby accept the appointment as registered agent a	and agree to act in th	is capacity. I furthe	er agree to comply with the
provisions of all statutes relative to the proper and co accept the obligations of my position as registered ag	mplete performance ant as provided for i	of my duties, and I	am familiar with and
being filed to merely reflect a change in the registered company has been notified in writing of this change.	d office address, I he	reby confirm that t	he limited liability
_			
	If Changing Registered	Agent, Signature of N	ew 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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action		
AMBR	Dootel Investments, Inc.	5400 N. Dixie Highway #10	□ Add		
		Boca Raton, FL 33487	■ Remove		
			☐ Change		
MGR	Gregory Hartmann	29229 Canwood Street, Suite 100			
		Agoura Hills, CA 91301			
			☐ Change		
MGR	Scott Shulman	29229 Canwood Street, Suite 100			
		Agoura Hills, CA 91301	Remove		
			Change		
MGR	Andrew Dooley, DVM	5400 N. Dixie Highway #10	■ Add		
		Boca Raton, FL 33487	□ Remove		
			2 Dage 1 OC Table 1 OC		
			Remove Change		
			Add		
			Remove		
			☐ Change		

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	ecifies a delayed lay after the reco	effective dard is filed.	ate, but no	t an effective	e time, at 12:0	01 a.m. on ti	ne earlier of
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Page 3 of 3

Filing Fee: \$25.00