Division of Corporations

Page 1 of 2

_t;

Plouida Department of State Division of Copporations Plectonic Filing Gover Street

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000235099 3)))



H190002350993ABC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 6

: (850)617-6383

From:

Account Name : HOLLAND & KNIGHT (FT. LAUDERDALE)-

Account Number : 075410003271 Phone : (954)525-1000 Fax Number : (954)463-2030

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Brazil Address: CShky, meard Dava com

3 AUG = 7 AM 9: 24 ICRETARY (** 1 AM LAMASSEE (** 18 AM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NVA VISTA LAKES VETERINARY MANAGEMENT, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

Electronic Filing Menu

Corporate Filing Menu

T GLASS Help AUG 0 8 2019

8/6/2019

To:

(((H19000235099 3)))

COVER LETTER

	•	OAFKERITOR			
TO: Registration Sec Division of Corp				e a k	
NVA Vista I	_akes Veterinary Manageme	ent, LLC			
SUBJECT:		ted Unbility Company			
			<u>.</u>		
The enclosed Articles of /	Amendment and fee(s) are sub-	nitted for filing.			
Please return all correspor	ndence concerning this matter	to the following:	İ		
	Asnley McCord				
		Name of Person		76	
	National Veterinary Associa	ațes	ļ	2019 AUS	
	 _	Firm/Company			 :
	29229 Canwood Street, Su	ito 100		7	
		Address		PX	O
	Agoura Hills, CA 91301			· : =	
	Asnley.mccord@nva.com	City/State and Zip Code		ي س	
	E-mail address: (to be used for future annual report notifi	cation)	ļ !	
For further information c	oncerning this matter, please o				
Ashley McCord	_	805 436-0252			
Name o	ſ Person	Area Code Daytime	Telephone Number	<u> </u>	
Enclosed is a check for the	ne following amount:			<u>;</u>	
S25.00 Fiting Fce	\$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing I Centificate of Certified Copy (additional copy	Status &	
••••	ING ADDRESS:	STREET/CÓURF	FR ADDRESS:		
Registr	ration Section	Registration Section	n		
P.O. B	on of Corporations ox 6327	Division of Corpor Clifton Building 2661 Executive Co		! !	
t allan	assec, FL 32314	Taliahassee, FL 32		<u> </u>	
				; ! ! !	
				ĺ	

(((H19000235099 3)))

ARTICLES OF AMENDMENT то ARTICLES OF ORGANIZATION OF

(({H19000235099	33))
(((1712000000000000000000000000000000000	2111

N. C. Vissa I. alica Managan	10 C	
NVA Vista Lakes Veterinary Managen Nume of the Hamber (A)	hilly (Company as it now appears on our records.)	<u>- ; </u>
The Articles of Organization for this Limited Liabilit Florida document number L18000040398	y Company were filed on February 14, 2018	and assigned
This amendment is submitted to amend the following	;	
A. If amending name, enter the new name of the	imited liability company here:	
The new name must be distinguishable and contain the words "	Limited Liability Company," the designation "LLC" or the a	bbreviation "LLC."
Enter new principal offices address, if applicable:		2017
(Principal office address MUST BE A STREET AL		<u> </u>
		7 P
Enter new mailing address, if applicable:		
(Mulling address MAY BE A POST OFFICE BOX	2	2
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:	egistered office address on our records, enter	
New Registered Office Address:		
	Enter Florida street address	
_	City Florida _	Zip Code
New Registered Agent's Signature, if changing Regis		
I hereby accept the appointment as registered as provisions of all statutes relative to the proper a accept the obligations of my position as registere being filed to merely reflect a change in the registerompany has been notified in writing of this cha	nd complete performance of my utilities, and I am and agent as provided for in Chapter 605, F.S. O stered office address, I hereby confirm that the l	r, if this document is
	If Changing Registered Agent, Signature of New	Constered Agent
	Page 1 of 3	
	(((H19000235099 3))

MGR= M	anager		
AMBR = A	uthorized Member		
Title	Name Veterinary Associates, Inc.	Address	Type of Action
MGR	Verginary Associates, inc.		D Add
		29229 Canwood Street, Agoura Hills, CA 91301	☐ Remove
			☐ Change
AMBR	National Voterinary Associates, Inc.	29229 Canwood Street, Suite 100 Agoura Hills, CA 91301	⊞ ∧dd
			☐ Remove
			Change
			D A4
			Ranette 5
			Change
			□ Add⊅
			□ Remove
			□ Change
			□ Add
			□ Remova
			☐ Change
			□ Add
			□ Remove
			□ Change

1)))	119000235 !	((5 299
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	; }]	
	† †	
	<u>:</u>	
	1	
	- <u>-</u> -	
	 	2
	-	2019 AUS -7
	į	Æ
		1
	<u> </u>	P
		-
	<u> </u>	25
(authoral)		
E. Effective date, if other than the date of filing:	uniums to 505.	0207 (3)(b)
Nate: If the date inserted in this block does not meet the applicable statutory filing requirements, this date we document's effective date on the Department of State's records.	Il not be liste	at as the
, , , , , , , , , , , , , , , , , , ,		
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. or	the earlie	er of:
(b) The 90th day after the record is filed.		
A 5m	1	
Dated August 5th, 2019.		
01		
Signature of a member or authorized representative of a number		
Scott Shulman, Secretary and Treasurer		
Typed or printed name of signed		
Page 3 of 3		
Filing Fee: \$25.00	:	
WH1	i 900023509	9 3111