L18000066349

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	egistration S ivision of Co					
SUBJECT	. CORECA	RE ANIMAL WELLNESS, L	LC			
oobone!	•	Name of Lir	nited Liability Company			
The enclose	ed Articles of	Amendment and fee(s) are su	bmitted for filing.			
		ondence concerning this matter	_			
		FRANK H. FEE, III, ESC	QUIRE			
			Name of Person	· · · · · · · · · · · · · · · · · · ·	_	
		FEE, YATES & FEE, PL	LC			
			Firm/Company		2021 SEL	
		426 AVENUE A			2021 JUL 28 SECRETARY	(T)
			Address		28 AH	1
		FORT PIERCE, FL 3495	0		588 67 78	1
			City/State and Zip Code		- <u>කුතු</u> යු	a.
		EQUINEFIELDSERVICE	_		88	
For first:			to be used for future annual report notif	ication)		
ror lumner i	nformation c	oncerning this matter, please c	all:			
FRANK H.	FEE, III, ES	QUIRE	772 461-5020			
	Name of	Person		Telephone Number		
Enclosed is a	check for th	e following amount:				
≅ \$ 25.00 F	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	
<u>Mai</u>	iling Address	<u>:</u>	Street Address:			
Reg	gistration S	ection	Registration Sec	tion		
Div	ician af Ca	amaratiana	D. T	. •		

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CORECARE ANIMAL WEL	LLNESS, I	LLC	
(Name of the Limited Liability Company as (A Florida Limited Liability)	it now appo y Company	ears on our records.)	· · · · · ·
The Articles of Organization for this Limited Liability Company were lorida document number L18000066349	filed on _	March 14, 2018	and assigned
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited liability c	ompany	<u>here</u> :	
CARECORE ANIMAL HEALTH, LLC			:a N
ne new name must be distinguishable and contain the words "Limited Liability Con	mpany," the	designation "LLC" or the	ne appreviation L.L.C."
nter new principal offices address, if applicable:			
rincipal office address MUST BE A STREET ADDRESS			表 28 厂
			86 - M
			SI SI
nter new mailing address, if applicable:			FZ g
failing address MAY BE A POST OFFICE BOX)			
If amending the registered agent and/or registered office addresent and/or the new registered office address here:	ss on our	records, enter the n	ame of the new regist
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flo	orida street oddress	
		, Florida	
Ci	'ry		Zip Code

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

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 Title Name <u>Address</u> **Type of Action** _____ □Change □Remove 2021 Ci-Change PAdd PAdd Remove Change ____ □Remove _____ □Change □Add _____ □Change _____ □Remove

	nending any other information, enter change(s) here: (Attach additional sheets, if necessary,)	_
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	2021 JUL ?EGR!TALL	[[] ,
	AHASSE	
	E. F. C.	
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		<u>.</u>
(If an el <u>Note:</u>	tive date, if other than the date of filing:	5.0207 (3)(b) ted as the
I the reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the delayed of the field.	or the
Dated	7/21 2021	
	Signature of a member or authorized representative of a member	