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## **COVER LETTER**

TO: Registration Sect Division of Corpo			
SUBJECT:	Name of Limi	nary Services ited Liability Company	LLC
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	Ience concerning this matter	to the following:	
	Marc E	i Sen Son Name of Person	
	MHE	Veterinary Se Firm/Company	ervices LLC
	4000	NW SIST St.	Ap+ L 2.12
	Cair Me E-mail address: (1	City/State and Zip Code  Sen Son dv to be used for future annual report not	<u>326ac.</u> m egmail.com
For further information con	cerning this matter, please ca		
Mwc Eis	erson	at (954) London Daytim	3 - 1120  Telephone Number
Enclosed is a check for the	following amount:		
\$25.00 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

_ MHE Veterinary S	
(Name of the Limited Liability Company a (A Florida Limited Liabi	s it now appears on our records.) lity Company)
The Articles of Organization for this Limited Liability Company were Florida document number L 18 0000 695 44	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	company here:
Florida Veterinary Reli The new name must be distinguishable and contain the words "Limited Liability Co	ef Group LLC
The new name must be distinguishable and contain the words "Lishited Liability C	Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	Ala
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  ———————————————————————————————————	NIA
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	address on our records, enter the name of the ney
New Registered Office Address: N	Enter Florida street address
	City Florida Tip City
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree to	o 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:

$MGR = M$ $AMBR \stackrel{?}{=} A$	lanager authorized Member	o CHANGES	
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Filing Fee: \$25.00