

L18000089438

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

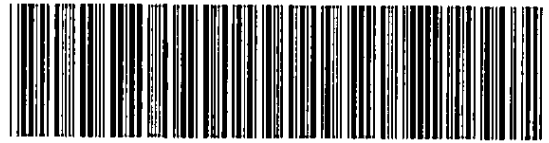
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FILED

2019 APR -8 PM 12:00

SECRETARY OF STATE
TALLAHASSEE, FL

LLC

N/C

&
Amend

APR 10 2019

D CONNELL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 23, 2019

DR. JANE LLC
2638 NW 47TH PLACE
GAINESVILLE, FL 32605

SUBJECT: DOCTOR JANE, PLLC
Ref. Number: L18000089438

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The fee to file your limited liability company document is \$25. Please include an additional \$30 for each certified copy (optional) requested and an additional \$5 for each certificate of status (optional) requested.

Amendments to articles of organization of a Florida limited liability company must comply with section 605.0202, Florida Statutes. For your convenience, we are enclosing the appropriate form and instructions.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell
Regulatory Specialist II Supervisor

Letter Number: 619A00005799

RECEIVED
19 APR -8 PM 2:53
CORPORATION
ALLAHADOC

11 March 2019

TO : Florida Department of State Division of Corporations
P.O. Box 6327, Tallahassee, FL 32314

FROM : Doctor Jane LLC, Kristina Grove as Registered Agent
2638 NW 47th Place, Gainesville, FL 32605

To Whom It May Concern:

Pursuant to s.605.0202 of the Florida Statutes, please accept this printed letter as formal submission for amendment of the Articles of Organization of Doctor Jane LLC (Document Number: L18000089438).

The amendment proposed is to change the name from Doctor Jane LLC to TAG Veterinary Services LLC. A preliminary search on sunbiz.org revealed that this name is available for use.

Included please find a check in the amount of \$25.00 for the filing fee.

If any additional information is required, I can be contacted by at (352)682-9215, by email at tinagrovedvm@gmail.com, or by mail at the address listed above.

Sincerely,

A handwritten signature in black ink, appearing to read 'Kristina Grove', written over a horizontal line.

Kristina Grove, DVM, MS, DACLAM
Owner & Registered Agent

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
2019 APR - 8 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FL

Doctor Jane, PLLC

(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 Company were filed on April 9, 2018 and assigned Florida document number L18000089438.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

TAG Veterinary & Consulting Services LLC

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

Enter new principal offices address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

2038 NW 47th Place

Gainesville, FL 32605

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

2038 NW 47th Place

Gainesville, FL 32605

B. If 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:

Kristina Grove

New Registered Office Address:

2038 NW 47th Place

Enter Florida street address

Gainesville

City

Florida

32605

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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

[illegible]

E. 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:

(b) The 90th day after the record is filed.

Dated 5 April, 2019

Signature of a member or authorized rep

Kristina Grove
Typed or printed name of signee