## K18000089438

(Re	equestor's Name)	, <u></u>
(Ad	ldress)	
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	ty/State/Zip/Phone	- <del>1</del> 0
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	s or status
Special Instructions to	Filing Officer:	
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FILED
SECRETARY OF STATE
OF CORPORATION:

· ....

## **COVER LETTER**

TO:

**Registration Section** 

Tallahassee, FL 32314

Division of Corporations		•	
SUBJECT: TAG	Veterinary & Co Name of Limi	nsulting Service's U ited Liability Company	<u> </u>
The enclosed Articles of a	Amendment and fee(s) are subt	mitted for filing.	
Please return all correspon	ndence concerning this matter (	to the following:	
	Knist	ina Grove	
		Name of Person	
	TAG Veternan	Firm/Company	ienvices LLC
	2638 NN 474	h Place	
	2638 NW 474	Address	
	Gainesville, F	City/State and Zip Code	
	E-mail address: (t	megmall.com	tification)
For further information co	oncerning this matter, please ca	all:	
Knstna Gr	ove	at ( <u>35</u> 2) 689 Area Code Daytin	- 9215
Name of	Person	Area Code Daytii	ne Telephone Number
Enclosed is a check for th	e 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 Addres		Street Address: Registration S	ection
Registration S Division of C		Division of Co	
P.O. Box 632		The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	nary E Consulting S	
( <u>Name of the Limited L</u> (A F	iability Company as it now appears on c Florida Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liabil Florida document number <u>L1800089438</u>	lity Company were filed on $\frac{49}{}$	and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
TAG Consulting & Veterina The new name must be distinguishable and contain the words	ary Services we	
The new name must be distinguishable and contain the words	"Linfited Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	<b></b>	
(Principal office address MUST BE A STREET A	IDDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	
B. If amending the registered agent and/or regis agent and/or the new registered office address h		ls, enter the name of the new registers
agent and/or the new registered office address in	ere.	
Name of New Registered Agent:		
Name of New Registered Agent.		
New Registered Office Address:	Enter Florida sti	evet address
	imer i wi uu sa	
-	City	, Florida 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	<u>Name</u>	Address	Type of Action
			Remove
			□Change
			□Add
		□Remove	
			□Change
		<del></del>	□Add
			□Remove
		<del></del>	□Change
			□Add
			□Remove
			□Change
			DAdd
	<del></del>	□Remove	
		□Change	
		□Add	
			□Remove
			□Change

If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	·-···
	Sort 24 2022
Note:	Sept. 20, 2022  tive date, if other than the date of filing:  (optional)  (fective 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 (  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
he reco	ord 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 filed.
Dated	Sept au 2002.
	Signature of Amember or authorized representative of a member
	<b>,</b>
	Kristina (Tina) Grove Typed or printed name of signee

Filing Fee: \$25.00