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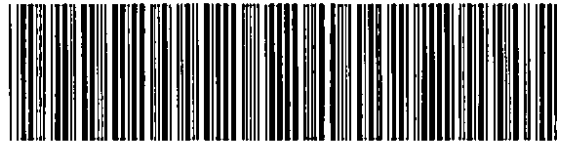
(Business Entity Name)

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18 JUN 11 PM 3:36
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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JUN 13 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: North Port Veterinary Hospital LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Matthew Lender
Name of Person

North Port Veterinary Hospital LLC
Firm/Company

356 Boston Post Rd
Address

Orange, CT 06477
City/State and Zip Code

lendermattd@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Matthew Lender at (203) 887 0403
Name of Person Area Code Daytime 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**

North Port Veterinary Hospital LLC.

(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 5/21/18 and assigned Florida document number L18000125943.

This amendment is submitted to amend the following:

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

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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DIVISION OF CORPORATIONS
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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:

New Registered Office Address:

17829 Murdock Circle - Suite 1

Enter Florida street address

Port Charlotte

City

Florida

33948

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>
AMBR	Matthew Louder	356 Boston Post Rd	<input type="checkbox"/> Add
		Orange CT 06477	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Amity Veterinary Group LLC	356 Boston Post Rd	<input checked="" type="checkbox"/> Add
		Orange CT 06477	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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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.

Dated June 5th, 2013

Matthew Lender

Typed or printed name of signee