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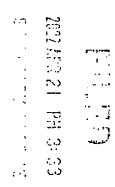
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	······································

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COVER LETTER

TO:	Registration Sect			
	-	IAL HOSPITAL, LLC		
SUBJE				
		Name of Lim	ited Liability Company	
The en	closed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please	return all correspond	dence concerning this matter	to the following:	
		Raul David Buso, DVM		
Name of Person				
EDGE ANIMAL HOSPITAL, LLC				
Firm/Company				
15561 REdington Drive				
			Address	
Redington Beach, FL 33708				
			City/State and Zip Code	
		dr.buso@hainesroadvet.con		
		E-mail address: (to be used for future annual report notification)	- 2922
For fur	ther information co	ncerning this matter, please co	all:	2
Raul I	David Buso, DVM		727 470-6949	رة " رد
			at ()	
	Name of l	Person	Area Code Daytime Telephone Nu	imber
				٠٠ ري 🏎
Enclos	ed is a check for the	following amount:		် ္ကို ယ္ထ
■ \$2	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Cert	00 Filing Fee, tificate of Status &
				tified Copy itional copy is enclosed)

Mailing Address: Registration Section Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 Street Address:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EDGE ANIMAL 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 L19000108963 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: EAH Buso, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 15561 Redington Drive Enter new principal offices address, if applicable: Redington Beach, FL 33708 (Principal office address MUST BE A STREET ADDRESS) 15561 Redington Drive Enter new mailing address, if applicable: Redington Beach, FL 33708 (Mailing address MAY BE A POST OFFICE BOX) 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: 15561 Redington Drive New Registered Office Address: Enter Florida street address Redington Beach , Florida __ Cit;

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>	Address	Type of Action
			□Add
			□Remove
			□Remove
			□Change
			□Add
			□ Remove
			□Change
			□Add
			□Remove
			□Add
			□ Remove
			Change
			□ Add
			Remove

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ian effect <u>Note:</u> If	e date, if other than the date of filing:
record s	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 l.
Dated _	October 15th 2021
	203
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00