## L19000279336

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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Rurke Animal Care, Clc 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:
Aimee Burke, DVM Name of Person
Burke Animal Care, LLC
3074 70th Lane N.
St. Petersburg, FL 33710 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Aimee Burke at (727) 288-4900  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed)  □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)  □ \$60.00 Filing Fee, Certified Copy (additional 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 Tailanassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		7 50
Burke Anir	nal Care, LLC	
(Name of the Limited Liability (A Florida	y Company as it now appears on our reco Limited Liability Company)	ords.)
(A Florida The Articles of Organization for this Limited Liability Co Florida document number <u>しょりつのよう</u> 933し		
The Articles of Organization for this Limited Liability Co	ompany were filed on \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \	and assigned
Florida document number <u>L19500279336</u>		· · · · · · · · · · · · · · · · · · ·
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRI	ESS)	<del></del>
	- 15 \$ 5.5118	=
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered	office address on our records, ent	er the name of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	ress
		Florida
	City	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>	Address	Type of Action
MGR	Francis Laframboise	3782 Marquise Lanc	f Add
		3782 Marquise Lane Mulberry, FL 33860	□Remove
<del> </del>			🗆 Add
		<del> </del>	□ Remove
			□ Change
			□Add
			□Remove
			□ Change
<del></del>			□Add
			□Remove
			Change
			□Add
			□Remove
		W	Change
			□Add
			□Remove
			∏Change

). 11 аг	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an e Note	ctive date, if other than the date of filing:
the rece ford is	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.
Date	December 3 <sup>rd</sup> . 2019. Quince Buke, Em
	Signature of a member or authorized representative of a member
	Aimee Burke, DVM  Typed or printed name of signee

Filing Fee: \$25.00