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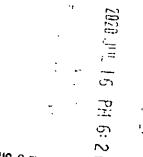


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S. YOUNG

COVER LETTER

	Registration Se Division of Cor		٠				
	CORAL SE	PRINGS ANIMAL MEDICAL	CENTER LLC	¢			
SUBJEC	CT:	Name of Limited Liability Company					
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please re	eturn all correspo	ondence concerning this matter	to the following:				
		Christiano Viotti					
			Name of Person				
		Firm/Company					
		304 Indian Trace STE 912					
		Address					
		Weston/FL 33326					
		City/State and Zip Code financial@unitedanimalcare.com					
		E-mail address: (to be used for future annual report notifica	ation)			
For furth	ner information c	oncerning this matter, please co	all:				
Alberto	Araujo		954 860-9024 at ()	,			
	Name o	f Person		elephone Number			
Enclosed	i is a check for th	ne 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 Registration S		Street Address: Registration Section	on			

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CORAL SPRINGS ANIMAL MEDICAL CENTER 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 $\frac{01/17/2020}{1}$ Florida document number ______L20000024381 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) 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: Enter Florida street address

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.

Cirv

If Changing Registered Agent, Signature of New Registered Agent

, Florida

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	VIOTTI, CHRISTIANO	304 INDIAN TRCE #912	□Add
		WESTON, FL 33326	■Remove
			□Change
MGR	GLOBAL VETERINARY PARTNERS LLC	304 INDIAN TR STE 912	≡ Add
		WESTON, FL 33326	□Remove
			□Change
			□Remove
			□ Change
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ord is filed	I.
	ane 30 2020 \
Dated _	
Dated	Signature of a member or authorized representative of a member Christiano Viotti

Filing Fee: \$25.00