## L70000129197

| (Re                     | questor's Name)   |             |
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| (Cit                    | y/State/Zip/Phon  | e #)        |
| PICK-UP                 | MAIT              | MAIL        |
| (Bu                     | siness Entity Nar | ne)         |
| (Do                     | cument Number)    |             |
| Certified Copies        | _ Certificates    | s of Status |
| Special Instructions to | Filing Officer:   |             |
|                         |                   |             |
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DEC 0 7 2020 S. YOUNG



## **COVER LETTER**

| CUDIFOT.       | Distance Vo     | et Med LLC                                   |   |  |
|----------------|-----------------|--|---|--|
| SUBJECT:       |                 | Name of Lin                                  | mited Liability Company   |  |
| The enclosed   | l Articles of . | Amendment and fee(s) are sul                 | bmitted for filing.   |  |
| Please return  | all correspo    | ndence concerning this matter                | er to the following:  |  |
|                |                 | Stacey Fox-Alvarez                           |   |  |
|                |                 |  | Name of Person  |  |
|                |                 | Distance Vet Med LLC                         |   |  |
|                |                 |  | Firm/Company  |  |
|                |                 | 3806 NW 107 Terrace                          |   |  |
|                |                 |  | Address   |  |
|                |                 | Gainesville, FL 32606                        |   |  |
|                |                 |  | City/State and Zip Code   |  |
|                |                 | staceyfoxalvarez@distance                    |   |  |
|                |                 | E-mail address:                              | (to be used for future annual report notification)  |  |
| For further in | iformation co   | oncerning this matter, please of             | call:   |  |
| Stacey Fox-2   | Alvarez         |  | 813 727-6259  |  |
|                | Name of         | Person                                       | at () Area Code Daytime Telephone Number  |  |
| Enclosed is a  | check for th    | e following amount:                          |   |  |
| □ \$25.00 F    | filing Fee      | ■ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed) |  |

Registration Section

**Division of Corporations** 

TO:

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

7973 OCT 29 P

Distance Vet Med 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  $\frac{05/12/2020}{2}$ and assigned Florida document number <u>L20000129197</u> 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 "LLC." 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.

Cuv

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>           | Name                       | Address                    | Type of Action |
|------------------------|----------------------------|----------------------------|----------------|
| AP                     | Alexandra Avelino          | 3006 SW 23rd St            | 🗆 Add          |
|                        |                            | Apt 78                     |                |
|                        |                            | Gainesville, FL 32608 USA  | □Change        |
| MGR Stacey Fox-Alvarez | Stacey Fox-Alvarez         | 3806 NW 107 Terrace        |                |
|                        | Gainesville, FL 32606 USA  |                            |                |
|                        |                            | <b>■</b> Change            |                |
| MBR                    | Tina Bearden               | 920 South Kentucky Avenue  | ■Add           |
|                        | Winter Park, FL. 32789 USA | □Remove                    |                |
|                        |                            | □ Change                   |                |
| MBR                    | Chad Bearden               | 920 South Kentucky Avenue  | <b>≡</b> Add   |
|                        | Winter Park, FL. 32789 USA | □Remove                    |                |
|                        |                            |                            | □ Change       |
| MBR                    | Eric T Hostnik             | 136 Cressingham Lane       |                |
|                        |                            | Powell, OH 43065, USA      | □Remove        |
|                        |                            | <b>≘</b> Change            |                |
| William Fox-Alvarez    | William Fox-Alvarez        | 3806 NW 107 Terrace        | □Add           |
|                        |                            | Gainesville, FL 32606, USA | □Remove        |
|                        |                            |                            | Change         |

| - Alexa                                    | andra Avelino has resigned from the LLC - separate form included   |
|--|--|
| - The I                                    | .LC will change from a member-managed to a manager-managed LLC and Stacey Fox-Alvarez will serve                       |
| as the                                     | e manager  |
| - Eric I                                   | Iostnik and William Fox-Alvarez are remaining in the LLC as members but are no longer authorized person:               |
| - Eric I                                   | fostnik has had a change of address  |
| - Tina :                                   | and Chad Bearden are entering as members of the LLC  |
| - Inclu                                    | ded is an up-to-date operating agreement   |
|  |  |
|  | <del>-</del>   |
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| m effective o<br>o <mark>te:</mark> If the | te, if other than the date of filing:  |
| ecord speci<br>is filed.                   | ifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
| ited Octo                                  | At 1 7 - 2020  |
|  | Much tox - Wilnut  |
| _  | Stacey Fox - Alvanez  Typed or printed name of signee  |

Filing Fee: \$25.00