## L20000345856

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10/10/20

## COVER LETTER

10:	Division of Cor		
SUBJE	DR. MICHELLE S. TURNBULL LLC		
SOBJE	~I	Name of Lin	nited Liability Company
The enc	losed Articles of	Amendment and fee(s) are su	bmitted for filing.
Please re	eturn all correspo	ndence concerning this matter	r to the following:
		Richard Inglis, Esq.	
		-	Name of Person
		Freidin & Inglis PA	7820 TAU
			Firm/Company
		2245 McGregor Boulevar	Address C. P. L.
		Fort Myers, FL 33901	Firm/Company  Address  City/State and Zip Code
		richard@filegal.com	>
			(to be used for future annual report notification)
		oncerning this matter, please	
Richard Inglis  Name of Person		0.0	at ()  Area Code Daytime Telephone Number
	Name o	t Person	Area Code Daytine Telephone Number
Enclose	d is a check for th	ne following amount:	
<b>≡</b> \$25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Section Torporations 17	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

	If Changing Registered Agent, Signature of New Regist	ered Agent
provisions of all statutes relative to the proper accept the obligations of my position as registe	igent and agree to act in this capacity. I further agree and complete performance of my duties, and I am fan red agent as provided for in Chapter 605, F.S. Or, if gistered office address. I hereby confirm that the limit ange.	niliar with and this document is
New Registered Agent's Signature, if changing Reg	I .	
	City	Zip Code
	, Florida	
New Registered Office Address:	Emer Florida street address	<del>.</del>
Name of New Registered Agent:		<del></del>
B. If amending the registered agent and/or regi agent and/or the new registered office address b	istered office address on our records, <u>enter the name o</u> here:	of the new registered
ENHANCE HUNDESS PHATE INC. 12 TO GO TO 1 1 100 NO		
(Mailing address MAY BE A POST OFFICE BO	)	2
Enter new mailing address, if applicable:	S.F.S.	H 2
	- SE	2
(Principal office address MUST BE A STREET A		AUG II
Enter new principal offices address, if applicable	le:	2020
	is "Limited Liability Company," the designation "LLC" or the abbre	viation "L.L.C."
VIPet Vet LLC		
This amendment is submitted to amend the following A. If amending name, enter the new name of the		
Florida document number L20000245856	<u> </u>	
The Articles of Organization for this Limited Liab	inty Company were filed on	_ and assigned
	August 12, 2020	_ and assigned
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
DR. MICHELLE S. TURNBULL LLC		

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 Title Name Address Type of Action \_ □Add □Remove | \_\_\_\_\_ □Change \_\_\_\_ □Remove **28 20** □ Change Remove \_ Change \_\_\_\_ □Add ☐ Remove \_\_\_\_\_ □Change 

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Tective date, if other than the date of filing:	(optional) date of filing or more than 90 days after filing.) Pursua	int to 605.020
ote: If the date inserted in this block does not meet the applicable cument's effective date on the Department of State's records.	e statutory filing requirements, this date will no	t be listed a
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ecord 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
is filed.		
August 24		
ated		
M. 11 17-	Manager	
Signature of a member or authoriz	ed representative of a member	
Michelle Turnbull		
Wichelle I thillibuit		

Filing Fee: \$25.00