L20000310626

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Excument Number)
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COVER LETTER

Registration Section

Division of Corporations

TO:

Change of SUBJECT:	name from DVMStuff LLC to	Sebastian Animal and Bird Hospital LLC	
SUBJECT.	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Ariana Finklestein		
		Name of Person	
	DVMStuff LLC		
		Firm/Company	
	6804 NW Garbett Street		
		Address	
	Port Saint Lucie, FL 3498	33	
		City/State and Zip Code	
	drfpetemergency@aol.com		
	E-mail address: (to be used for future annual report notification)	
For further information	concerning this matter, please c	all:	
Ariana Finkelstein		210 863-5791 at ()	
Name of Person		Area Code Daytime Telephone Number	
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee Certificate of Str Certified Copy (additional copy is en	ıtus &
Mailing Addro		Street Address:	
Registration		Registration Section Division of Corporations	
P.O. Box 63	Corporations 27	The Centre of Tallahassee	
Tallahassee,		2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DVMStuff LLC	are it now appears an our records	
(Name of the Limited Liability Company (A Florida Limited Lia	bility Company)	
The Articles of Organization for this Limited Liability Company w Florida document number <u>L20000310626</u> .	ere filed on October 1, 2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
Sebastian Animal and Bird Hospital LLC		
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:	948 as Hwy	1
(Principal office address MUST BE A STREET ADDRESS)	Se best in Fl	32 458
Enter new mailing address, if applicable:	as clove	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	dress on our records, enter the name	of the new register
N CNL Devices and Agams		•
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	·
		•
	, Florida	Ziv Code
	Cuy	np 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
			
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	Jan San San San San San San San San San S		Signature of a r	member or :	authorized ren	resentative of	a member		··-	

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Filing Fee: \$25.00