1210000 69805

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400360871264

03/15/21--01048--007 **25.00

7211117 - J. PN 1+30

10/7/21 R



ALOZNAD

2021 JUN - 1 AM 10: 52

TALLY FIRE

May 7, 2021

グAをBできる KEVIN BARDIZO 4813 NW 51ST TER TAMARAC, FL 33319

SUBJECT: GARBIZO VETERINARY SERVICES LLC

Ref. Number: L21000068805

We have received your document for GARBIZO VETERINARY SERVICES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific purpose of the entity must be set forth in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Alecia Rivers Regulatory Specialist II

Letter Number: 521A00009558

COYER LETTER

TO: Registration Section

Divi	ision of Cor	porations		
	Garbizo Ve	terinary Services LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Kevin Garbizo		
			Name of Person	
			Firm/Company	
		4813 NW 51st Terrace		
			Address	
		Tamarac, FL 33319		
		KevinGarbizo@gmail.com	City/State and Zip Code	
		- -	to be used for future annual report no	nification)
For further in	iformation c	oncerning this matter, please c	all:	
Lawrence A.	Saichek, Es	q.	305 777-0233	
· · · · · · · · · · · · · · · · · · ·	Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed is a	check for th	ne following amount:		
≊ \$25.00 F	iling Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ling Addres gistration S		Street Address: Registration S	
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee		
	lahassee, I			oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AV FALL LINE ALL BARRES COMMON AS FARMS	innuanc on our mounds)
(Name of the Limited Liability Company as it now a (A Florida Limited Liability Comp	any)
The Articles of Organization for this Limited Liability Company were filed of Florida document number <u>L21000068805</u>	on 2/9/21 and assigne
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	ny here:
Garbizo Veterinary Services PLLC	
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)	
Frincipal office address 91031 BL A 31KLL1 ADDKL337	
Enter new mailing address, if applicable:	
Enter new mailing address, if applicable:	
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX</u>) B. If amending the registered agent and/or registered office address on o	our records, enter the name of the new re
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 a gent and/or the new registered office address here:	our records, enter the name of the new res
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 a agent and/or the new registered office address here: Name of New Registered Agent:	
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 agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	our records, enter the name of the new res
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 agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	Fil. 1. 23

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>	Name	Address	Type of Action
			□Add
			Remove
			☐ Change
			□Remove
			Change
			□Add
		<u> </u>	□Remove
			☐ Change
		<u> </u>	□Add
			□Remove
			□Change
			Remove
			Change
			□Add
			Remove
			□Change

fan	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	SPECIFIC PURPOSE: VETERINARY SERVICES AND RELATED
	MATTERS AND ANY OTHER MATTERS PERMITTED UNDER
	APPLICABLE FLORIDA STATUTES
an c	ctive date, if other than the date of filing:
	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.
ate	d March 10 2021
	Signature of a member or authorized representative of a member
	Kevin Garbizo
	Typed or printed name of signee