Celucia Missi

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COVER LETTER

Div	ision of Corp	oorations		
eunteer		THE MOVE PLLC		
SUBJECT:		Name of Limi	ted Liability Company	
		Amendment and fee(s) are sub-		
Please return	all correspor	ndence concerning this matter	to the following:	
		MEGHAN FINLEY DEN	NIS	
			Name of Person	
		MUTTS ON THE MOVE	PLLC	
			Firm/Company	
		12680 TREELINE CT		
			Address	<u></u>
		NORTH FORT MYERS, F	FL 33903	
		mlfinleydvm@gmail.com	City/State and Zip Code	
			to be used for future annual report notificati	on) .0
For further in	nformation co	oncerning this matter, please co	all:	on) OFF. FL
MEGHAN I	FINLEY DEN	INIS	630 596-7200 at ()	, <u>m</u>
	Name of	Person	Area Code Daytime Tel	lephone Number
Enclosed is	a check for th	e following amount:		
\$25.00 1	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 Address:
Registration Section
Division of Corporations
P.O. Box 6327

TO:

Registration Section

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

MUTTS ON THE MOVE PLLC			
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on ou Liability Company)	r <u>records.</u>)	-
The Articles of Organization for this Limited Liability Company Florida document number L21000076336	y were filed on $\frac{2/15/21}{}$		_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lial	bility company here:		
HANCOCK ANIMAL HOSPITAL & REHABILITATION CENTE	R PLLC		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation	on "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:	3405 HANCOCK BRII	OGE PARKWAY	
(Principal office address MUST BE A STREET ADDRESS)	NORTH FORT MYER	S, FL 33903	
Enter new mailing address, if applicable:		:	
(Mailing address MAY BE A POST OFFICE BOX)		<u>***</u> ****	
B. If amending the registered agent and/or registered office			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records	, enter the mame o	C C C
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida stret	et address	
		. Florida	
	City	, FIOI IGA	Zip 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
			DAdd
			□Remove
			Change
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			□Remove
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ctive date, if other than the date of filing:	(optio	onal)	\n
effective date is listed, the date must be specific and cannot be prior to date. If the date inserted in this block does not meet the applicable	ate of filing or more than 90 days after statutory filing requirements, this	ning. date	will not be liste
ment's effective date on the Department of State's records.			
ord specifies a delayed effective date, but not an effective time,	at 32:01 a.m. on the earlier of: th) Th	e 90th day after
filed.	at 12.01 a.m. on the earner on to	,	io som ous unter
d July 22 . 2024.			
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Signature of a number or authorized			