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(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
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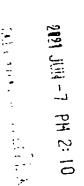




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COVER LETTER

TO: Registration Se Division of Cor			
CENTRAL SUBJECT:	VET SUPPLIES LLC		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	BELKYS GARCIA MAR	QUEZ	
	· · · · · · · · · · · · · · · · · · ·	Name of Person	
	CENTRAL VET SUPPLI	ES LLC	
		Firm/Company	
	618 SW 17 AVE		
		Address	
	MIAMI FL 33135		
		City/State and Zip Code	
	GARCIA.BELKYS@YAH		
		to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	all:	
BELKYS GARCIA MA	RQUEZ	305 5410018 at ()	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 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 Addres Registration S Division of C P.O. Box 632	Section Corporations	Street Address: Registration Sec Division of Cor The Centre of T	porations
Tallahassee, I			e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited	Liability Compa A Florida Limited	iny as it now appears on our recor Liability Company)	<u>'ds.</u>)
The Articles of Organization for this Limited Liab Florida document number L21000237462	bility Company	were filed on 06-02-2021	and assigned
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	he limited liab	ility company here:	
The new name must be distinguishable and contain the wor	ds "Limited Liabi	lity Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicat	ble:	REMAINS THE SAME	
Principal office address MUST BE A STREET	ADDRESS)		222
			٠. کے
Enter new mailing address, if applicable:		REMAINS THE SAME	
(Mailing address MAY BE A POST OFFICE BOX)			
3. If amending the registered agent and/or registered affice address			r the name of the new regi
Name of New Registered Agent:			
New Registered Office Address:		Enter Florida street addro	
		, F	lorida 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>	Name	Address	Type of Action
MGR	OSCAR RUBIO	5021 SW 94 CT MIAMI FL 33165	□Add
			≣Remove
			Change
	 		🗀 Add
			□Remove
			Change
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			Remove
			Change
<u> </u>			<u></u>
			□Remove
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			□Remove
			□Change

	
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fective date, if other than the date of filing: on effective date is listed, the date must be specific and cannot be prior to date of filing or more that ote: If the date inserted in this block does not meet the applicable statutory filing requirement's effective date on the Department of State's records.	
ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the is filed.	earlier of: (b) The 90th day after the
ated AUGUST 04TH 2021	
Signature of a member or authorized representative of a m	ember