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(Requestor's Name)

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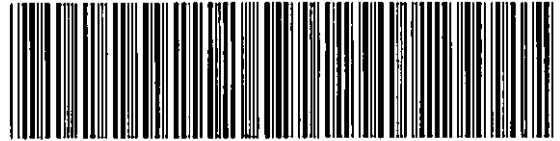
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 19, 2023

FABIAN TORRES/ PAUL CAMEAU
7318 ROYAL PALM BLVD
MARGATE, FL 33063

SUBJECT: MARGATE ANIMAL HOSPITAL LLC
Ref. Number: L21000413114

We have received your document for MARGATE ANIMAL HOSPITAL LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L2200046013.

The form you submitted is for a FOREIGN LLC, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

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.

Tammi Cline
Regulatory Specialist II Supervisor

Letter Number: 823A00011500

2023 JUN -7 PM 10:27



7318 ROYAL PALM BLVD
MARGATE, FLORIDA 33063
754-307-2441

To who may concern, we have filed for dissolution for Document #: L2200047013, so we could amend the name the under document #: L21000413114 to Margate Animal Center LLC. We give permission for Margate Animal Hospital LLC (L21000413114) to use the name Margate Animal Center LLC.

If you have any questions please give us a call at 754-307-2441

Manager
Claudy Rigaud

2023 "" -7 11:27

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Margate Animal Hospital
Name of Limited Liability Company

NEW: Margate Animal Center

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Claudy Rigaud / Paul Cameau
Name of Person

Firm/Company

7318 Royal Palm Blvd
Address

Margate, FL 33063
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Claudy Rigaud at (754) 307-2442
Name of Person Area Code Daytime Telephone Number

2023 JUN -7 11:12:27

Enclosed is a check for the 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 Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

1/20

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Margate Animal Hospital LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 9/17/2021 and assigned
Florida document number 21000413114

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Margate Animal Center LLC
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)

N/A 2023-11-17 11:12:27

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A 2023-11-17 11:12:27

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

N/A

New Registered Office Address:

Enter Florida street address

City Florida 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

| Title | Name | Address | Type of Action |
|-------|------|---------|--|
| | N/A | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
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2023-01-17 16:27

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record 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 record is filed.

Signature of a member or authorized representative of a member

Paul Caine
Typed or printed name of signee

Filing Fee: \$25.00