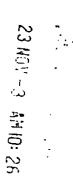
L22000033069

(Re	equestor's Name)	
(Ad	idress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
 	<u> </u>	 .

Office Use Only



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COVER LETTER

): Registration Section **Division of Corporations** PAVILION CROSSING ANIMAL HOSPITAL, LLC BJECT: Name of Limited Liability Company e enclosed Articles of Amendment and fee(s) are submitted for filing. ease return all correspondence concerning this matter to the following: GUTTA, VENKAT R Name of Person PAVILION CROSSING ANIMAL HOSPITAL, LLC Firm/Company 3821 US HWY 301 SOUTH Address RIVERVIEW, FL 33578 City/State and Zip Code venkatrgutta@gmail.com E-mail address: (to be used for future annual report notification) or further information concerning this matter, please call: UTTA, VENKAT R 466-3313 Name of Person Daytime Telephone Number sclosed is a check for the following amount: ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Street Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

GR = Manager MBR = Authorized Member

<u>tle</u>	<u>Name</u>	Address	Type of Action
GR	Srilatha kancharkuntla	5309 Rising Sun Ct. Saint Johns, Fl-32259	
			□Remove
			Change
			□Add
			□Remove
			Change
			Remove
			□Change
			□ Add
			□Remove
			□Change
		□A	
			□Remove
			□Change
			□Add
			□Remove
			□Change

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<u> </u>		
tive date, if other than the da	e of filing: November 2nd, 2023	(optional)
flective date is listed, the date must be If the date inserted in this block	specific and cannot be prior to date of f does not meet the applicable statut	iling or more than 90 days after filing.) Pursuant to 605.0 tory filing requirements, this date will not be listed
ment's effective date on the Depar		
cord specifies a delayed ef e 90th day after the record	ective date, but not an effer is filed.	ective time, at 12:01 a.m. on the earlier
November 2nd	2023	
Trovellider 2 nd	—. — TEST	
Sign	ature of a member or authorized repre	esentative of a member

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