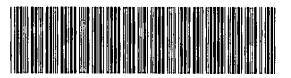
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SECRETARY OF STATE

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COVER LETTER

	Registration Se Division of Cor					
SUBJEC [*]	LAUREL C	Dak equine veterinary	SERVICES, PLLC.			
SUBJEC	·	Name of Lim	ited Liability Company			
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please reti	um all correspo	ndence concerning this matter	to the following:			
		TYLER STAGNER				
			Name of Person			
			Firm/Company		E. 2	
		3430 ARROWWOOD DR	. .		2022 AUG SECRETA TALLAHA	,
			Address		$\omega \leq 1$	
		LAKELAND, FL. 33811			Mile on	Ī
			City/State and Zip Code		PH 3:	į
		TSTAGNER@FERRERAT	FOOLING.COM to be used for future annual report noti	(Constitution))97.6 4.7 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
For furthe	r information c	oncerning this matter, please c	·	neation)	ν., Οι	
TYLER S	STAGNER		863 698-1557			
	Name o	f Person		e Telephone Number		
Enclosed i	is a check for th	ne following amount:				
■ \$25.0	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate of Certified Co (additional cop	of Status & opy	
	Mailing Addres Registration S		<u>Street Address:</u> Registration Se	ction		
	Division of C		Division of Co.			

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LAUREL OAK EQUINE VETERINARY SERVICES		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now арреагз on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 02/01/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LIC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		1922 SEV
Trincipal office hauress most the ASTREET ADDRESSY		AR S TO
		<u> </u>
		Sign on a 1
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		# HE
		<u> </u>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	·
	, Florid	
	City	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>	<u>Address</u>	Type of Action
MGR	TYLER STAGNER	3430 ARROWWOOD DR.	□Add
		LAKELAND FL. 33811	
		 	□Change
			
			□Remove
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Filing Fee: \$25.00