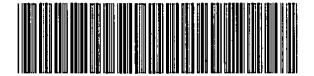
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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates of	of Status
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SECRETARY OF STATE

COVER LETTER

Registration Section Division of Corporations

O:

UBJECT: Beachside	Veterinary Hospital, PLLC		
	Name of Lim	ited Liability Company	
he enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
lease return all correspo	ondence concerning this matter	to the following:	
	Diego R. Sobrino		
		Name of Person	
		Firm/Company	
	105 SE 3rd St.		
		Address	
	Satellite Beach, FL 32937		
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	drsdvm@gmail.com	to be used for future annual report notif	al report notification) 505-3085 Daytime Telephone Number e & \$60.00 Filing Fee. Certificate of Status &
or further information c	oncerning this matter, please co		
Diego R. Sobrino		305 505-3085 at ()	
Name o	f Person	Area Code Daytim	e Telephone Number
Inclosed is a check for the	he following amount:		4
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 MAY 16 AM 11: 59

Beachside Veterinary Hospital, PLLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) SECRETARY OF STATE TALLAHASSEE, FL he Articles of Organization for this Limited Liability Company were filed on March 4, 2022 and assigned lorida document number L22000112304 his amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Beachside Animal Hospital, PLLC he new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 1186 Hwy A1A Inter new principal offices address, if applicable: Satellite Beach, FL 32937 Principal office address MUST BE A STREET ADDRESS) 1186 Hwy A1A Inter new mailing address, if applicable: Satellite Beach, FL 32937 Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered office address on our records, enter the name of the new registered gent and/or the new registered office address here: Name of New Registered Agent: 1186 Hwy A1A New Registered Office Address: Enter Florida street address Florida <u>32937</u> Satellite Beach City New Registered Agent's Signature, if changing Registered Agent:

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 peing 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

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

1GR = Manager .MBR = Authorized Member

<u>'itle</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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			□Remove
			□Change

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