Division of Corporations

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2022-07-27 13:10.55 PDT

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Division of Corporations

Fax Number : (850)617-6383

From:

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Account Number : I19990000021 Phone : (904)356-2600 Fax Number : (904)355-0233

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN COASTAL VETERINARY HOSPITAL AND PET RESORT, L

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ARTICLES OF AMENDMENT TO

H22000254612

ARTICLES OF ORGAN	IZATION
OF	4

COASTAL VETER	RINARY HOSPITAL & PET RESORT, LLC	
(Name of the Limited Linhi (A Floric	lity Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on April 20, 2022	and assigned
Florida document number L22000165496	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
CVIIPR, LLC		
The new name must be distinguishable and contain the words "Lin	mited 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 ADD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	·	me of the new registered
agent and the new registered office address fiere.	•	822
Name of New Registered Agent:		
		SS N ZAP
New Registered Office Address:	Enter Florida street address	
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	Florida _	
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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.

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

H22000254612

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			☐ Change
			□ Add
			□Remove
		 	
			□ Add
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			□ Change
			□Add
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From: Traci Venable

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the record specifies a delayed effe ford is filed	ective date, but no	ot an effective ti	me, at 12:01 a.m. oi	the earlier of (b)	The With day after the
July 26		2022			
Dated		-	_ ·		
libel Gray					

Typed or printed name of signee