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SECRETARY OF STATE
TALL AHASSEE, FL

2022 IIII - 7 PM 12: II

COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

mendment and fee(s) are subn		
	nitted for filing.	
dence concerning this matter t		
ALFJANDRA C SERRAN	O DOMPABLO	
<u> </u>	Name of Person	
VETLAB SUPPLY LLC		
	Firm/Company	
19370 COLLINS AVE 101	4	
	Address	
SUNNY ISLES BEACH, F	FL 33160	
	City/State and Zip Code	
ustuempresa@gmail.com	ha used for future annual report not	fication)
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	at (ne Telephone Number
Person	Area Code Dayun	te rereptione istation
e following amount:		
S30.00 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)
	<u>Street Address:</u> Registration Sc	retion
orporations	Division of Co	rporations
	ALFJANDRA C SERRAN VETLAB SUPPLY LLC 19370 COLLINS AVE 101 SUNNY ISLES BEACH, F ustuempresa@gmail.com E-mail address: 0 oncerning this matter, please colonocerning this matter.	ALEJANDRA C SERRANO DOMPABLO Name of Person VETLAB SUPPLY LLC Firm/Company 19370 COLLINS AVE 1014 Address SUNNY ISLES BEACH, FL 33160 City/State and Zip Code ustuempresa@gmail.com E-mail address: (to be used for future annual report notion cerning this matter, please call: NO DOMPABLO Person Total Code Daytim e following amount: S30.00 Filing Fee & Certified Copy (additional copy is enclosed) SEE Section Origonations Street Address: Registration Scoporations Division of Co

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

VETLAB SUPPLY LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

TALLAHASSEE, FL The Articles of Organization for this Limited Liability Company were filed on $\frac{05/06/2022}{1}$ and assigned Florida document number 1.22000215451 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: NA 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) NA Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: NA Name of New Registered Agent: NANew Registered Office Address: Enter Florida street address NA ___, Florida ^{NA}__

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	BIANNELIS AZUAJE	19370 COLLINS AVE. APT 1014	= Add
		SUNNY ISLES BEACH, FL 33160	□Remove
			□Change
NA	NA	NA	□ Add
		. ,	□Remove
			□Change
NA	NA	NA	
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