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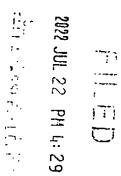
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PICK-UP	☐ WAIT	MAIL
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Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations

TO:

		nary Services		
SUBJECT:		Name of Limite	d Liability Company	
		endment and fee(s) are submace concerning this matter to		
		Janna Legg		
	-		Name of Person	
		Double B Vet Services		
			Firm/Company	
		2108 SE Monroe St		
			Address	
		Smart, FL 34997		
			City/State and Zip Code	
	(loublehvetservices@gmail.c	.um	
	-	E-mail address: (t	o he used for future annual report notifi	eation)
For further info	ornation conc	erning this matter, please ca	II:	
Janna Legg			772 260-9815 at ()	
	Name of Po	erson	Area Code Daytime	Telephone Number
Enclosed is a c	theck for the l	following amount:		
≡ \$25.00 Fil	ling Fec	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy radditional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mail</u> Reg	ing Address: istration Se	etion	Street Address: Registration Sec	
Divi	ision of Coi	porations	Division of Cor	porations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Double B Veterinary Services

2022 JUL 22 PH 4: 29

(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	iv as it now appears on our	records.	
(A Fiorida Emitted E	iaotiny Company)	[ALI AH432] F. 1 (1937)	
The Articles of Organization for this Limited Liability Company	were filed on <u>05/24/202</u>	and assigned	
Florida document number L22000242583			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:		
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation	on "ELC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records	enter the name of the new registered	
Name of New Registered Agent:			
Name David and AMS and Address			
New Registered Office Address:	Enter Florida stree	address	
	City	, Florida Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my du provided for in Chapte	ties, and I am familiar with and r 605. F.S. Or, if this document is	

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>	Address	Type of Action
AMBR	Janna Legg	2108 SE Monroe Street	= Add
		Stuart, FL	□Remove
		34997	
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			☐ Change
			□Add
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an effectiv oter "It" th	ate, if other than the date is listed, the date is educe inserted in this effective date on the	nust be specific a block does not	ind cannot be prior t meet the applic	r in date of fitting c cable statutory f	r more than 90 day	optional) s after filing.) Pursua s, this date will no	nt to 605.0207 t be listed as
e record The 90	specifies a delay n day after the r	red effective ecora is file	edate, but n d.	ot an effectiv	e time, at 12	:01 a.m. on the	e earlier o
July ated	× Sair	10 P1	- 2022 1 J	·			
	$(\mathcal{T}\mathcal{N})$	ry vo	a member or aut				

Page 3 of 3

Filing Fee: \$25.00