

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| ,                                       |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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DIVISION OF CORPORATIONS

## **COVER LETTER**

## TO: Registration Section Division of Corporations

VetriSport PELC

Tallahassee, FL 32314

| SUBJECT:                              |  |   |   |                             |                          |
|---------------------------------------|--|---|---|-----------------------------|--------------------------|
|                                       | Name of Lim                                  | ited Liability Company  |   |                             |                          |
| The enclosed Articles of              | Amendment and fee(s) are sub                 | mitted for filing.  |   |                             |                          |
| Please return all correspo            | ondence concerning this matter               | to the following:   |   |                             |                          |
|                                       | Matt Povlovich                               |   |   | 2022                        | SIVIG                    |
|                                       | VetriSport LLC                               | Name of Person  |   | 2022 SEP -7                 | 10% of co                |
|                                       | 17028 NW Highway 225                         | Pirm/Company  |   | PM 12: 07                   | BIVISION OF CORPORATIONS |
|                                       | Reddick, FL 32686                            | Address   |   | 7                           | ¥6                       |
|                                       | mvpequine@gmail.com                          | City/State and Zip Code   |   |                             |                          |
|                                       | E-mail address: (                            | to be used for future annual report notif                           | ication)  |                             |                          |
|                                       | concerning this matter, please c             |   |   |                             |                          |
| Marie Povlovich                       |  | 310 975-5578<br>at ()   |   |                             |                          |
| Name o                                | of Person                                    | Area Code Daytime   | : Telephone Number  |                             |                          |
| Enclosed is a check for t             | he following amount:                         |   |   |                             |                          |
| ■ \$25.00 Filing Fee                  | ☐ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee. Certificate of Statu Certified Copy (additional copy is enclo | cate of Status &<br>ed Copy |                          |
| <u>Mailing Addres</u><br>Registration |  | Street Address:<br>Registration Sec                                 | etion   |                             |                          |
| Division of Corporations              |  | Division of Corp  | porations   |                             |                          |
| P.O. Box 6327                         |  | The Centre of T   | allahassee  |                             |                          |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VetriSport PLLC

| (Name of the Limited Liability Com) (A Florida Limited   | Liability Company)                    | irs on our red            | (orus.)                      |                            |  |
|--|---------------------------------------|---------------------------|------------------------------|----------------------------|--|
| The Articles of Organization for this Limited Liability Compan<br>dorida document number   | y were filed on                       | uly 6, 2022               |                              | and ass                    | signed   |
| his amendment is submitted to amend the following:   |                                       |                           |                              |                            |  |
| If amending name, enter the new name of the limited lia  | bility company h                      | <u>iere</u> :             |                              |                            |  |
| he new name must be distinguishable and contain the words "Limited Lial  | bility Company," the                  | designation "             | LLC" or the ab               | breviation "L              | .L.C."   |
| nter new principal offices address, if applicable:   |                                       |                           |                              | 2                          | <u> 5: _</u>   |
| Principal office address MUST BE A STREET ADDRESS)   |                                       |                           |                              | ~~~~~~<br>~~~~~~~~~~       | <u> </u>   |
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| Inter new mailing address, if applicable:  |                                       |                           |                              | PA                         | 2000<br>2000<br>2000   |
| Mailing address MAY BE A POST OFFICE BOX)  |                                       |                           |                              | PM12: 07                   | 7) S<br>4. 2-  |
|  | · · · · · · · · · · · · · · · · · · · |                           |                              | 07                         | - <del>2</del>   |
| gent and/or the new registered office address here:  Name of New Registered Agent:   |                                       |                           |                              |                            |  |
| New Registered Office Address:   |                                       |                           | <del></del>                  |                            |  |
|  | Enter Flo                             | orida street aa           | dress                        |                            |  |
| <del></del>  |                                       |                           | , Florida                    | Zip Code                   |  |
|  | City                                  |                           |                              | гір Соае                   |  |
| lew Registered Agent's Signature, if changing Registered Agen  | <del></del>                           |                           |                              |                            |  |
| hereby accept the appointment as registered agent and age<br>rovisions of all statutes relative to the proper and complet<br>ccept the obligations of my position as registered agent as<br>eing filed to merely reflect a change in the registered offic<br>ompany has been notified in writing of this change. | te performance o<br>s provided for in | f my duties<br>Chapter 60 | , and I am f<br>95, F.S. Or, | amiliar wi<br>if this doci | th and<br>oment is   |
|  |                                       |                           |                              |                            |  |

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              |
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| If amending any other informati  |                                   |  |   | _   |
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| Effective date, if other than the office office office is listed, the date must Note: If the date inserted in this blo document's effective date on the De | ck does not meet the applicable   | date of filing or more than 90 da<br>e statutory filing requiremen | ( <b>optional)</b> sys after filing.) Pursuant to 60 nts, this date will not be lis | 05.0207 (<br>sted as t                      |
| he record specifies a delayed effective ord is filed.  | date, but not an effective time   | , at 12:01 a.m. on the earlie                                      | r of: (b) The 90th day aft  | ter the                                     |
| September 2  | 2022                              |  |   |   |
| Dated  |                                   |  |   |   |
|  |                                   |  |   |   |
|  | Signature of a member or authoriz | ed representative of a member                                      |   |   |

Typed or printed name of signee