L22000378251

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	· #)
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COVER LETTER

TO: Registration Se Division of Cor		- r	P	
	IOSPITAL OF TAMPA BAY.	LLC		
SUBJECT:	Name of Limit	ed Liability Company		
The enclosed Acticles of	Amendment and fee(s) are subn	nitted for filing.		
	ondence concerning this matter t			
	Richard Diana			
		Name of Person		
		Firm/Company		
	527 ISLEBAY DRIVE			
		Address		.
	APOLLO BEACH, FL 335			22 SEP
	rpdiana@verizon.net	City/State and Zip Code		22 SEP 25 PH 3:
	E-mail address: (to be used for future annual report notifica	tion)	- 2
For further information of	concerning this matter, please ca	all:		
Olivia Cysewski		800 375-2453 at ()		29
Name	of Person	Area Code Daytime T	elephone Number	
Enclosed is a check for	the 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 Sta Certified Copy (additional copy is cr	itus &
Mailing Addra		Street Address:	ion	
Registration	Section	Registration Section Section Section of Corne		

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

ANIMAL HOSPITAL OF TAMPA BAY, LLC	many with a second of the seco	
(Name of the Limited Lability Co	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp	pany were filed on 08/29/2022	and assigned
Florida document number L22000378251		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited I	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	<u>5)</u>	
		<u></u>
		38 S
Enter new mailing address, if applicable:	527 Islebay Drive	N €
Mailing address MAY BE A POST OFFICE BOX)	Apollo Beach, FL 33572	5 22.
<u>, </u>		
		မှ 😤
B. If amending the registered agent and/or registered off	ice address on our records, enter the na	ame of the new regist
igent and/or the new registered office address here:		
201 10 10 10		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		Ziv Code
	City.	Zip Code

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 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
MGR _	Richard Diana	527 ISLEBAY DRIVE	≣Add
		APOLLO BEACH, FL 33572	□Remove
			□ Change
MGR	Jacqlyn Diana	527 ISLEBAY DRIVE	■Add
		APOLLO BEACH, FL 33572	□Remove
			□Change 22 Ξ
MGR	Brooke Certa	7485 141ST ST.	■VEG SUST
		SEMINOLE, FL 33776	
			□(t\u ngelg
MGR	Mike Certa	7485 141ST ST.	■Add
		SEMINOLE, FL 33776	□Remove
			□Change
			□Add
			□Remove
			□Add
			□Remove

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Note: If the date	if other than the d is listed, the date must inserted in this bloc ctive date on the Dep	ek does not n	neet the app	licable statute	ling or more the	(opt nan 90 days afte juirements, th	ional) r filing.) Pursu is date will no	ant to 60. of be lis	5.0207 (3 ted as the
the record specifies ecord is filed.	a delayed effective	date, but not	an effective	e time, at 12:0	01 a.m. on th	e earlier of: (b) The 90th	day afte	er the
Dated	9/23	Tul	202	z. D					
	S	ignature of a r	member or au	thorized repre	sentative of a	member			
Richa	rd Diana								

Filing Fee: \$25.00