L23000426602

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COVER LETTER

	Registration Se Division of Cor					
eup ira		ON VETERINARY SERVICE	S, LLC			
SUBJEC	1:	Name of Limi	ted Liability Company			
The enclo	osed Articles of	Amendment and fee(s) are sub-	nitted for filing.			
Please ret	urn all correspo	ondence concerning this matter	to the following:			
		JOHN V. YELVINGTON.	JR.			
			Name of Person			
		DBA: VETERINARY CL	INIC OF IMMOKALEE			
			Firm/Company			
		3749 PLACID VIEW DRIVE				
			Address			
		LAKE PLACID, FL 33852				
			City/State and Zip Code			
		jandkyelvington@gmail.cor E-mail address: (1	n o be used for future annual report not	tification)		
For further	er information o	concerning this matter, please ca	ıll:			
Kim Yel	vington		863 441-3103			
Name of Person		at () Area Code Daytir	ne Telephone Number			
Enclosed	is a check for t	he following amount:				
	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 Status & Certified Copy (additional copy is enclosed)		
Ì	Mailing Address Registration of C P.O. Box 632	Section Corporations	Street Address: Registration So Division of Co The Centre of	orporations		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our records.) Liability Company)	· · · · · · · · · · · · · · · · · · ·		
The Articles of Organization for this Limited Liability Company were filed on 9/13/2023				
Florida document number L23000426602				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	1400 ROBERTS AVENUE WEST			
(Principal office address MUST BE A STREET ADDRESS)	IMMOKALEE, FL 34142			
		29		
		<u> </u>		
Enter new mailing address, if applicable:		()		
• • • • • • • • • • • • • • • • • • • •		C)		
Mailing address MAY BE A POST OFFICE BOX				
		<u> </u>		
		0		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the na	me of the new regis		
gent and/or the new registered office address nere.				
Name of New Registered Agent:				
New Registered Office Address:	<u> </u>			
	Enter Florida street address			
	, Florida _			
	City	Zin 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>	<u>Address</u>	Type of Action
			□Add
			□Remove
			□Change
			□ Add
			Remove
			□Add
			□Remove
			□Add
			□Remove
			□Add
			□Remove
			☐ Change
			□ Add
			□Remove
			Change

(If an e Note	ctive date, if other than the date of filing: (optional) effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
he reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
Des	Moregneter 1 2023
Date	Signature of a member of authorized representative of a member

Filing Fee: \$25.00