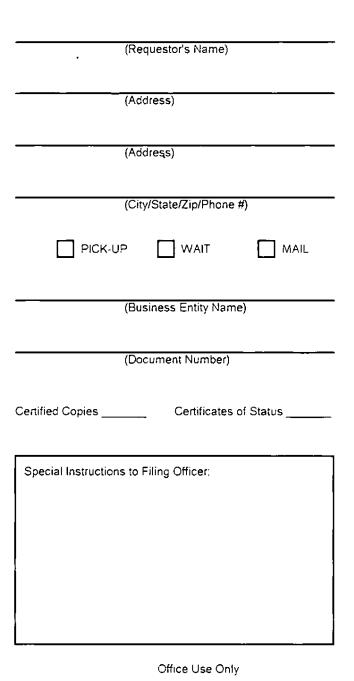
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COVER LETTER

Division of Cor	porations		
SUBJECT:	VETU Name of Limi	BR LLC ted Liability Company	<u> </u>
		10.00	
The enclosed Articles of	Amendment and fee(s) are subt	mitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
	Diar	Name of Person	
		Firm/Company	
	<u>4476 NW</u>	Wandering OC	ck Court
	_Jensen Be	Pack FL 3499 City/State and Zip Code	57
	Shopvetu E-mail address: (1	o be used for turbre annual report noti	OW) fication)
For further information c	oncerning this matter, please ca	ill:	
Diana F)lava (Person	at (561) 284- Area Code Daytim	e Telephone Number
Enclosed is a check for th	ne following amount:		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Land Carlo de Land

Registration Section

TO:

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

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

ed Liability Company as It now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on _ Florida document number <u>L-23 000 50 82 58</u> 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 Liavility Company," the designation "LLC" or the abbreviation Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 4470 NW Wandering Oak Court 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: Name of New Registered Agent: New Registered Office Address:

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.

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 = Aut	horized Member		
<u>Title</u>	Name	Address	Type of Action
AMBR	Diana Alava	4476 NW Wandering Jensen Beach, FL 34	Oak Court 457 — □Remove
			□Change
AMBR	Stephanie Siema	918 WILL CREEK Drive	
The second of th	Marie Commission of the Commis	918 Mill CREEK Drive Palm Beach Gardens, FL	Remove
		33410	□Change
			□ Remove
			☐ Change
			□ Add
		·	□ Remove
			🗆 Add
			□Remove
			🗆 Change
			□Add
			□ Remove
			□Change

_	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an e Note	tive date, if other than the date of filing: A D D (optional) ffective 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 (3): 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 is f	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.
Dated	Signature of a member or authorized representative of a member
	Diana Alava