L23000524138

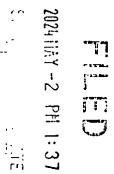
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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AD

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Lady Vet In Charge LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Kimberly Paul Name of Person
Lady Vet In Charge
Firm/Company
Lady Vet In Charge Firm/Company 1442 Sharun Rose Trace Address
Address
Deltona, Fl 32725 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Kimber by Paul at (407) 402-5674 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Street Address: Registration Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Lady Vet In Char (Name of the Limited Liability Company (A Florida Limited Lia	ash now appears on bur records.) bility Company)
The Articles of Organization for this Limited Liability Company w Florida document number <u>L23 00 0 524/13</u> 8	ere filed on 014/28/2023 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ty company here:
The new name must be distinguishable and contain the words Wimited Liability	• •
Enter new principal offices address, if applicable:	1442 Sharon Rose TRee
(Principal office address MUST BE A STREET ADDRESS)	Deltona, F1 32725
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	(Game as above) 1442 Sharin Ruse Trace Deltina, F1 32725
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	dress on our records, enter the name of the new register
Name of New Registered Agent:	NIA
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature if changing Degistered Agents	

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 t 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 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 addor removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
NA		6cm -	□Add
			□ Remove
			□Change
			□Add
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			□Change

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Note: If	e date, if other than the date of filing: (optional) ive 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), the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the t's effective date on the Department of State's records.
e record s ord is filed	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
Dated _	2 MAY . 2024 . Signature of a member or authorized representative of a member
	Kinding Youl
	Signature of a member or authorized representative of a member Kimberly Pau Typed or printed name of signee
	Vimberly Paul
	Typed or printed name of signer

Filing Fee: \$25.00



February 9, 2024

KIMBERLY PAUL 1442 SHARON ROSE TRCE DELTONA, FL 32755

SUBJECT: LADYVETINCHARGE, LLC

Ref. Number: L23000524138

We have received your document for LADYVETINCHARGE, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA PROFIT CORPORATION, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 124A00002962

Anissa Butler Regulatory Specialist II

www.sunbiz.org