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COVER LETTER

TO:

P.O. Box 6327

Tallahassee, FL 32314

	gistration Se vision of Cor				
endibert.		gent Care LLC		,	
SUBJECT:		Name of Limited Liability Company			
The enclosed	d Articles of	Amendment and fec(s) are sub	mitted for filing.		
Please return	ı all correspo	ndence concerning this matter	to the following:		
		Rachel Kuhar			
			Name of Person		
			Firm/Company		
		3324 Hickory Holw			
			Address		
		Tallahassee, FL 32308			
			City/State and Zip Code		
		dr.rachelkuhar@gmail.com E-mail address: (to be used for future annual report not	ification)	
For further is	nformation c	oncerning this matter, please c			
Rachel Kuh	ar		856 332-3693 at ()		
	Name o	f Person	Area Code Daytin	ne Telephone Number	
Enclosed is	a check for th	ne following amount:			
■ \$25.00 I	Filing Fee	☐ \$30.00 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)	
	iling Addres		<u>Street Address:</u> Registration Sc	ction	
Division of Corporations		Division of Corporations			

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

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limit	ed Liability Comp (A Florida Limited	pany as it now appears on our this little (Company)	records.)
The Articles of Organization for this Limited L Florida document number L24000014888	iability Compan	y were filed on 1/5/24	and assigned
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name o	f the limited lia	bility company here:	
Tally Pet Urgent Care LLC			
The new name must be distinguishable and contain the w	ords "Limited Liab	bility Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	No change	
Principal office address MUST BE A STREE	T ADDRESS)		24
			<u></u>
Enter new mailing address, if applicable:		No change	
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>
B. If amending the registered agent and/or ragent and/or the new registered office address		address on our records, g	enter the name of the new regis
Name of New Registered Agent:			
New Registered Office Address:		Enter Florida street	address
			, Florida
		City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

Pet Vet Urgent Care LLC

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>	Name	Address	Type of Action
			OAdd
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) (optional) E. Effective date, if other than the date of filing: (If an 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 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed. Dated ____ Signature of a member or authorized representative of a member \ Rachel Kuhar Typed or printed name of signee