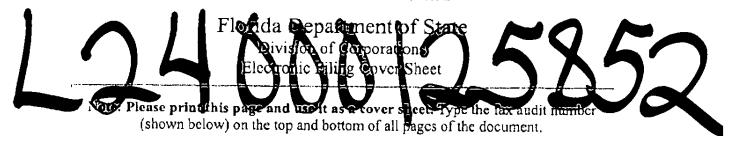
Division of Corporations



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From:

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Phone : (305)599-0839 Fax Number : (305)592-9591

Enter the email address for this business entity to be used for future த்தேல் annual report mailings. Enter only one email address please.**

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PA VETERINARY SERVICES LLC

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M. SOLOMON

JUN - 6 2024

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Help

ARTICLES OF AMENDMENT TO : ARTICLES OF ORGANIZATION OF

PA VETERINARY SERVICES LLC		
(Name of the Limited Liab (A Flori	llity Company as it now appears on our record da Limited Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability	Company were filed on 03/13/2024	and assigned
Florida document number L24000125852	.	_
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lir	nited liability company here:	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC	or the abbreviation "E.L.C."
Enter new principal offices address, if applicable:		2
(Principal office address MUST BE A STREET ADD	RESS)	124
	· · · · · · · · · · · · · · · · · · ·	
		\$ 25 m
Enter new mailing address, if applicable:		(F) (F)
(Mailing address MAY BE A POST OFFICE BOX)		
		
		977
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our records, enter	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	5
		orida
	City	Zip Coda

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 Changing Registered Agent, Signature of New Registered Agent

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	FABIAN TORRES	9700 SW 112TH STREET	≡ ∧dd
		MIAMI, FT. 33176	□Remove
			□ Change
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ITECTIVE date, if other than the date of filing:	(optional) not be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3) the applicable statutory filing requirements, this date will not be listed as the
locument's effective date on the Department of State	's records.
record therifies a delayed effective data, but not no.	effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
d is filed.	arrective time, at 12.01 a.m. on the entitler of (b) I he 90th day after the
, JUNE 4TH 20	024
Dated,	Object
	LHAT!

Filing Fee: \$25.00

Typed or printed name of signee