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Division of Corporations

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From:

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Enter the email address for this business entity to be used for future 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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K. SALY

AUG 19 2024

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



PA VETERINARY SERVICES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Flooda Limited Liability Company)

The Articles of Organization for this Limited I	iability Company were f	Tied on 03/13/2024	and assigned
Florida document number L24000125852	 .		and assigned
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	f the limited liability co	mpany here:	
The new name must be distinguishable and contain the v	ords "Limited Liability Com	pany," the designation "LLC" or the abbrevi	ation "L.L.C."
Enter new principal offices address, if applic			
(Principal office address MUST BE A STREE			
	 -		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE.	<u></u> _ BOX)		
-			
B. If amending the registered agent and/or reagent and/or the new registered office addres	egistered office address s here:	on our records, enter the name of	the new registered
Name of New Registered Agent:	THAILY RUBIO		
New Rogistered Office Address:	11871 SW 208 ST		
		Enter Florida street address	
	MIAMI	Florida 33177	
New Registered Agent's Signature if changing	City Registered Agent:		c Cade

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with th 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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	LEONEL PACHECO	10333 SW 22ND ST	[]Add
		MIAMI FL 33165	■Remove
			Change
			
			TRemove
			Thange To Add
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fective date, if other than the date of Glina.	
fective date, if other than the date of filing: In offective date is fisted, the date must be specific and cannot be prior to date of filing Ite: If the date inserted in this block does not meet the applicable stangers.	(Optional) or more than 90 days after filing.) Pursuant to 605.0
ote: If the date inserted in this block does not meet the applicable stantory current's effective date on the Department of State's records.	filing requirements, this date will not be listed
ecord specifies a delayed effective date, but not an effective time, at 12:01 a	um, on the earlier of: (b) The 90th day after t
is filed.	277 (27 - 170) 287 289 2818 (
AUGUST 05 2024	
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Typed or printed name of signee