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COVER LETTER

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CHD ICAN		S ANIMAL HOSPITAL WES	LEY CHAPEL LLC				
SUBJECT	:	Name of Lim	ited Liability Company				
The enclos	ed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please retu	rn all correspo	ondence concerning this matter	to the following:				
		SOPHIA VRINIOS					
Name of Person							
		RAY & GLICK LLC					
			Firm/Company				
			Address	_			
	LIBERTYVILLE, ILLINOIS 60048						
			City/State and Zip Code				
For further	· information c	E-mail address: (oncerning this matter, please c		utification)			
		oncerning this matter, prease e					
SOPHIA V	/RINIOS		847 996-1320 at ()				
	Name o	f Person	Area Code Dayti	me Telephone Number			
Enclosed is	s a check for tl	ne following amount:					
≣ \$25.00) Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)			
Mailing Address:		Street Address: Registration S	ection				
	Registration SectionRegistration SectionDivision of CorporationsDivision of Corporations		orporations				
	O. Box 632						
Ţ	allahassee, l	rた 32314	Z410 IN. MORE	oe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PARTNERS ANIMAL HOSPITAL WESLEY CHAPEL LLC (Name of the Limited 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 MAY 2, 2024 and assigned Florida document number 1.24000207014 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 Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

_ Florida _

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>	<u>Name</u>	Address	Type of Action
MGR	MICHAEL DELLIERE	1699 WALL STREET, SUITE 718	🗀 Add
		MOUNT PROSPECT, ILLINOIS 60056	■Remove
			□Change
			. □Remove
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ffective date, if other that an effective date is listed, the dat lote: If the date inserted in the ocument's effective date on the second sec	e must be specific and ca his block does not mee	unnot be prior to date o	f filing or more than 9 tutory filing require	(optional) days after filing.) Pursual nents, this date will not	nt to 605,020' t be listed as
record specifies a delayed eff l is filed.	ective date, but not an	i effective time, at 1	2:01 a.m. on the ear	lier of: (b) The 90th c	lay after the
AUGUST 22	 .	2024			
ated					
ated	Signature of a mer	mber or authorized rep	i	-	