### 2PT110000P1796

	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
	(Business Entity Name)	
<del></del>	(Document Number)	
Certified Copies	Certificates of Sta	atus
Consist Instructions	- Eiling Officer	
Special Instructions to	o Fliing Officer.	

Office Use Only



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Charles

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D CUSHING

CORPORATION SERVICE COMPANY

1201 Hays Street
Tallhassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : 12000000195 REFERENCE: 494964 86218A AUTHORIZATION COST LIMIT ORDER DATE: February 18, 2022 ORDER TIME : 2:05 PM ORDER NO. : 494964-015 CUSTOMER NO: 86218A FOREIGN FILINGS NAME: SCHF VEG, LLC CORPORATE LIMITED PARTNERSHIP XX LIMITED LIABILITY COMPANY XXXX AMENDMENT PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: \_\_\_ CERTIFIED COPY XX PLAIN STAMPED COPY \_\_\_\_ CERTIFICATE OF GOOD STANDING

EXAMINER:

CONTACT PERSON: Alexxis Weiland -- EXT#

### **COVER LETTER**

то:	Registration Division of	Section Corporations					
		•					
SUBJ	ECT:	SCHF VEG. LLC					
		Name of Foreig	gn Limited Lia	bility Co	mpany		
Dear S	Sir or Madam:						
The er	nclosed applic	ation, certificate and fee(s)	) are submitted	for filing	g.		
Please	return all cor	respondence concerning th	nis matter to the	2 followi	ing:		
	Peter H. Tanella			_			
		Name of Person					
	Mandelbaum B			_		40	~
		Firm/Company				1-13	022 FEB 18
	3 Becker Farm	Road, Suite 105		_			8
		Address				2	8 PH
	Roseland, Nev	v Jersey 07068					<del></del>
		City/State and Zip Cod	le			i i i i i i i i i i i i i i i i i i i	28
	glattstein@ve	-		<del></del> :			
E-m	iail address: (1	to be used for future annua	и герогі понне	ation)			
For fu	rther informat	ion concerning this matter	, please call:				
	Peter H. Tanel	la, Esq.	at ( 973	) 243-	7915		
	Nam	ne of Person	Area Cod	e & Day	time Telephone	Number	
	Mailing Addr Registration Division of P.O. Box 63 Tallahassee	n Section Corporations 327		Division The Control 2415 N	Address: ration Section on of Corporati entre of Tallah: N. Monroe Stre assee, FL 3230	asse <mark>e</mark> et, Suite 810	)
□ # 3 =		a check for the following		ם כו	□ e∠o p:u:	г.	
₩\$25	Filing Fee	☐ \$30 Filing Fee & Certificate of Status	□ \$55 Filing Certified (			g Fee, ite of Status & fied Copy	Ÿ.

CR2E055 (9/15)

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

#### SECTION 1 (1-4 must be completed)

1. Name of limited liability Company as it appears	on the records of the Florida Departn	nent of
State: SCHF VEG, LLC		
Enter new principal office address, if applicable:		2022 FEB
(Principal office address MUST BE A STREET ADDRESS)	44 S. Broadway	8 8
-	White Plains, New York 10601	
Enter new mailing address, if applicable:	44 S. Broadway	
( <u>Mailing address</u> <u>MAY BE A POST OFFICE BOX</u> )	White Plains, New York 10601	
2. The Florida document number of this limited liab		6
3. Jurisdiction of its organization: Delaware		
4. Date authorized to do business in Florida:No	ovember 18, 2019	
SECTION II (5-9 complete only the applicable ch	iunges)	
5. New name of the limited liability company:	eterinary Emergency Group, LLC contain "Limited Liability Company,	""L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted f copy of the written consent of the managers or manamust contain "Limited Liability Company," "L.L.C.	iging members adopting the alternate	s in Florida and attach a name. The alternate name
6. If amending the registered agent and/or registered registered agent and/or the new registered office add		the name of the new
Name of New Registered Agent:	<del></del>	
New Registered Office Address:	Enter Florida Stree.	t Address
	City	lorida Zip Code
New Registered Agent's Signature, if changing Regit hereby accept the appointment as registered agent the provisions of all statutes relative to the proper and accept the obligations of my position as register document is being filed to merely reflect a change in liability company has been notified in writing of this	and agree to act in this capacity. I fi nd complete performance of my dutie ted agent as provided for in Chapter the registered office address. I here	s, and I am familiar with 605, F.S. Or, if this

	marges person, title or eapacity in ac	cordance with 605.0902 (1)(e), indicate the	
Title/ Capacity	<u>Name</u>	Address	Type of Act
			□Ac
			□Rei
			□Rei
			□A¢
			□Rei
			DAC
			□Rei
			□Ac
aforementioned an	icate, if required: no more than 90 denendment(s), duly authenticated by the law of which this entity is organicated by:	the official having custody of records in th	□Rei ie
	David Glattstein  97CB73450F824D7 Signature of the		

Filing Fee: \$25.00

Page 1

# Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THAT THE SAID "SCHF VEG, LLC", FILED

A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "VETERINARY

EMERGENCY GROUP, LLC" ON THE SIXTEENTH DAY OF SEPTEMBER, A.D.

2021, AT 10:42 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.



Authentication: 202693830

Date: 02-17-22