M21000029881

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
JUL 25 2025

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CT CORP

(850) 656- 4724
3458 lakesore Drive
Tallahassee, FL 32312

Date: 07/24/2025

Acc#I20160000072

Name:	Customer Veterinary Services, LLC
Document #:	
Order #:	16445272

Certified Copy of Arts & Amend:	☐			
Plain Copy:	☐			
Certificate of Good Standing:	☐			
Certified Copy of	☐			
Apostille/Notarial Certification:	☐		Country of Destination:	
			Number of Certs:	

Filing: ☑ Certified: ☑
Plain: ☐
COGS: ☐

Email Address for Annual Report Notifications:

Availability _____
Document ___
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: $ 55.00

Thank you!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Custom Veterinary Services, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sonia Ravin
Name of Person

McGuireWoods LLP
Firm/Company

77 West Wacker Drive, Suite 4100
Address

Chicago, IL 60601
City/State and Zip Code

mmir@aligncp.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sonia Ravin at (312) 849-8145
Name of Person — Area Code & Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☐ $25 Filing Fee ☐ $30 Filing Fee & Certificate of Status ☒ $55 Filing Fee & Certified Copy ☐ $60 Filing Fee, Certificate of Status & Certified Copy

CR2E055 (9/15)

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

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of State: Custom Veterinary Services, LLC

2025 APR -4 PM 2:25

Enter new principal office 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) _____

_____

2. The Florida document number of this limited liability company is: M21000002887

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 03/12/2021

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: CompletePet Florida, LLC
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

_____

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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: C T Corporation System

New Registered Office Address: 1200 South Pine Island Road
Enter Florida Street Address

Plantation, **Florida** 33324
City *Zip Code*

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.

Laura Broderick
If Changing Registered Agent, Signature of New Registered Agent

Laura Broderick Assistant Secretary

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

Title/ Capacity	Name	Address	Type of Action
MBR	CVS Intermediate, LLC	4001 Maple Avenue, Suite 200	■Add
		Dallas, TX 75219	☐Remove
President	Ruben F. Martinez	4120 W 91st Place, Suite 500	■Add
		Hialeah, FL 33018	☐Remove
VP	Robert A. Langley	4001 Maple Avenue, Suite 200	■Add
		Dallas, TX 75219	☐Remove
Secty & Treas	Jack K. Parks	4001 Maple Avenue, Suite 200	■Add
		Dallas, TX 75219	☐Remove
			☐Add
			☐Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Signature: Jack K. Parks
80CE58326DDB4F4...
Signature of the authorized representative

Jack K. Parks
Typed or printed name of signee

Filing Fee: $25.00

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "CUSTOM VETERINARY SERVICES, LLC", CHANGING ITS NAME FROM "CUSTOM VETERINARY SERVICES, LLC" TO "COMPLETEPET FLORIDA, LLC", FILED IN THIS OFFICE ON THE TWENTY-SECOND DAY OF JULY, A.D. 2025, AT 10:14 O`CLOCK P.M.

C. P. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

5458764 8100
SR# 20253440109

Authentication: 204279398
Date: 07-23-25

You may verify this certificate online at corp.delaware.gov/authver.shtml

State of Delaware
Secretary of State
Division of Corporations
Delivered 10:14 PM 07/22/2025
FILED 10:14 PM 07/22/2025
SR 20253440109 - File Number 5458764

STATE OF DELAWARE

CERTIFICATE OF AMENDMENT
TO
CERTIFICATE OF FORMATION
OF
CUSTOM VETERINARY SERVICES, LLC

Pursuant to Section 18-202 of the
Delaware Limited Liability Company Act

FIRST: The name of the limited liability company is:

Custom Veterinary Services, LLC (the "Company").

SECOND: Paragraph 1 of the Certificate of Formation of the Company is hereby amended to read in its entirety as follows:

"1. The name of the limited liability company is CompletePet Florida, LLC."

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Amendment to Certificate of Formation of the Company on July 22, 2025.

CUSTOM VETERINARY SERVICES, LLC

By: */s/ Jack K. Parks*
Name: Jack K. Parks
Title: Secretary and Treasurer