

M220000016235

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

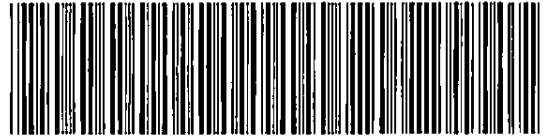
(Document Number)

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2024 MAR 14 PM 2:57
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PARTNERS ANIMAL HOSPITAL SARASOTA 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:

SOPHIA VRINIOS

Name of Person

RAY & GLICK LLC

Firm/Company

P.O. BOX 400

Address

LIBERTYVILLE, IL 60048

City/State and Zip Code

sophia@rayglicklaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sophia Vrinios at (847) 373-2305
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

FILED
2021 MAR 14 PM 2:57
SECRETARY OF STATE
TALLAHASSEE, FL

**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: PARTNERS ANIMAL HOSPITAL SARASOTA LLC

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: M22000016235

3. Jurisdiction of its organization: ILLINOIS

4. Date authorized to do business in Florida: 1024/22

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

5. New name of the limited liability company: PARTNERS ANIMAL HOSPITAL LAKEWOOD RANCH 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: _____

New Registered Office Address: _____

Enter Florida Street Address

_____, Florida _____
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.

If Changing Registered Agent, Signature of New Registered Agent

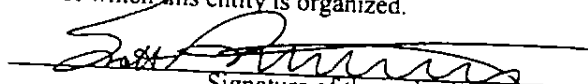
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

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

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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TALLAHASSEE FL

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.

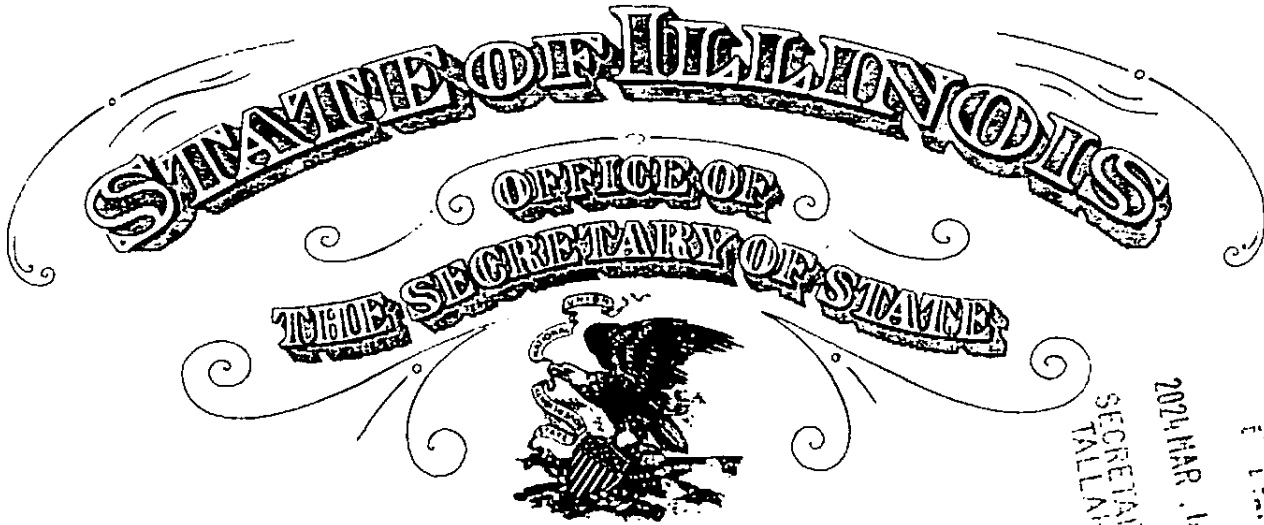

Signature of the authorized representative

SCOTT PETERFELT
Typed or printed name of signee

Filing Fee: \$25.00

File Number

1176269-7



FILED
2024 MAR 14 2:57
SECRETARY OF STATE
TALLAHASSEE

To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulis, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

ATTACHED HERETO IS A TRUE AND CORRECT COPY, CONSISTING OF 1 PAGE(S). AS TAKEN FROM THE ORIGINAL ON FILE IN THIS OFFICE FOR PARTNERS ANIMAL HOSPITAL LAKEWOOD RANCH LLC.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 26TH day of FEBRUARY A.D. 2024 .

Alexi Giannoulis

SECRETARY OF STATE

Form **LLC-5.25**

Illinois
Limited Liability Company Act
Articles of Amendment

FILE #: 1176269-7

Secretary of State
Department of Business Services
Limited Liability Division
501 S. Second St., Rm. 351
Springfield, IL 62756
217-524-8008
www.ilsos.gov

Filing Fee: \$50
Approved By: PJW

FILED
Dec 13, 2023
Alexi Giannoulis
Secretary of State

1. Limited Liability Company Name:

PARTNERS ANIMAL HOSPITAL SARASOTA LLC

2. These Articles of Amendment are effective on the file date.

3. The Articles of Organization are amended to change the name of the limited liability company as follows:

New Name:

PARTNERS ANIMAL HOSPITAL LAKEWOOD RANCH LLC

4. This amendment was approved in accordance with Section 5-25 of the Illinois Limited Liability Company Act.

5. I affirm, under penalties of perjury, having authority to sign hereto, that these Articles of Amendment are to the best of my knowledge and belief, true, correct and complete.

Dated Dec 13, 2023
Month/Day Year

PETEREIT, SCOTT T.

Name

MANAGER

Title

If the applicant is a company or other entity, state name of company.