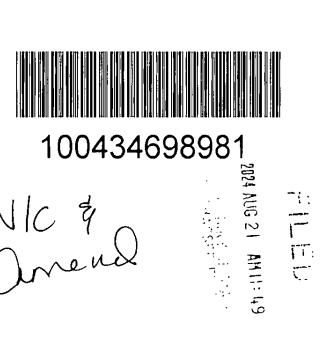
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TO: Amendment Section

Division of Corporations

## **COVER LETTER**

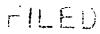
NAME OF CORPORATION: Los Robles Animal Flospital, Inc. DOCUMENT NUMBER: P02000004848 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Melanie C. Donofro Name of Contact Person Firm/ Company 534 Williams Street Address Tallahassee, FL 32303 City/ State and Zip Code drdonofro@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (850 ) 443-5982

Area Code & Daytime Telephone Number Melanie C. Donofro Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee S35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) **Street Address** Mailing Address Amendment Section Amendment Section Division of Corporations **Division of Corporations** The Centre of Tallahassee P.O. Box 6327

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of



Los Robles Animal Hospital, Inc.	2024 AUG 21 AH11: 49			
(Name of Corporation as current	ly filed with the Florida Dept. of State)			
P02000004848	THE TREE FOR THE SERVICE OF THE SERV			
(Document Number of	of Corporation (if known)			
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to			
A. If amending name, enter the new name of the corporation:				
Four Paws Integrative Veterinary Services, Inc.	The new			
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must contain the word			
B. Enter new principal office address, if applicable:	534 Williams Street			
(Principal office address MUST BE A STREET ADDRESS)	Tallahassee, FL 32303			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	534 Williams Street			
(	Tallahassee, FL 32303			
D. If amending the registered agent and/or registered office adorew registered agent and/or the new registered office address  Name of New Registered Agent				
(Florida si	reet address)			
Now Presistance Office Library	. Florida			
New Registered Office Address:	(City) (Zip Code)			
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar  Signature of New 1	t: with and accept the obligations of the position.  Registered Agent, if changing			
Check if applicable				

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Do	<u>c</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	nith	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) X Change	D		Melanie Donofro	534 Williams Street
Add				Tallahassee, FL 32303
Remove				
2) Change	<del></del>		·	
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Remove				

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	, if necessary).	(Be specific)				
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f an amendment provi	des for an exch	ange, reclassific	ation, or cancella	ation of issued sh	ares.	
provisions for implem (if not applicable, i	enting the ame	ndment if not ea	ntained in the ar	nendment_itself:		
(if not applicable, i	ndicate N/A)					
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The date of each amendment(s)	adoption:	if other than the
date this document was signed.		
Effective date if applicable:		
<del></del>	(no more than 90 days after amendment file date	)
<b>Note:</b> If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirement of State's records.	ts, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/were action was not required.	lopted by the incorporators, or board of directors without shareh	older action and shareholder
☐ The amendment(s) was/were as by the shareholders was/were	dopted by the shareholders. The number of votes east for the amsufficient for approval.	endment(s)
	pproved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendment	
"The number of votes car	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
,	(voting group)	
8/20/2024		
Dated	aned by:	
	Lanie C. Danofro	
(By a select	director, president or other officer – if directors or officers have ed, by an incorporator – if in the hands of a receiver, trustee, or need fiduciary by that fiduciary)	
	Melanie C. Donofro	
	(Typed or printed name of person signing)	
	Director	
	(Title of person signing)	