P01000033101

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(Cit	ty/State/Zip/Phon	e #)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: CARBALLO AN	NIMAL CLINIC INC	
DOCUMENT NUMBER: P07000033107		
The enclosed Articles of Amendment and fee are s	submitted for filing.	
Please return all correspondence concerning this m	natter to the following:	
OSCAR CARBALLO		
-	Name of Contact Person	l
CARBALLO ANIMAL CL	LINIC INC	
	Firm/ Company	
7961 SW 20 ST	Time Company	
<u> </u>	Address	· · · · · · · · · · · · · · · · · · ·
MIAMI, FL 33155		
- 1	City/ State and Zip Code	•
CARBAVET@YAHOO.COM		
•	used for future annual report	notification)
·	•	
For further information concerning this matter, ple	ease call:	
OSCAR CARBALLO	at (305) 552-9121 de & Daytime Telephone Number
Name of Contact Person	Area Coo	de & Daytime Telephone Number
Enclosed is a check for the following amount made	e payable to the Florida Depa	rtment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

CARBALLO ANIMAL CLINIC INC

	tion as currently	filed with the Florida D	ept. of State)	
207000033107				
(Doce	iment Number of C	Corporation (if known)		
tursuant to the provisions of section 607.1006, Flories Articles of Incorporation:	da Statutes, this <i>Fi</i>	orida Profit Corporation	adopts the follow	ving amendmen
. If amending name, enter the new name of the	corporation:			
				The new
name must be distinguishable and contain the w Corp.," "Inc.," or Co.," or the designation "Colored" chartered," "professional association," or the	p, " "Inc," or "Co	o". A professional corp		
B. Enter new principal office address, if applicat Principal office address <u>MUST BE A STREET AL</u>			-13	
				- 1 To 1 T
Enter new mailing address, if applicable:	i ovi			
(Mailing address <u>MAY BE A POST OFFICE B</u>	<u>() </u>			
				7
. If amending the registered agent and/or regist new registered agent and/or the new registere		ss in Florida, enter the n	iame of the	2015 AUG I H AH IS.
Name of New Registered Agent				
	(Florida stree	t address)	12 2	·
New Registered Office Address:			Florida	
	10	Ίιχ)	(2)	(ip Code)
ew Registered Agent's Signature, if changing R	egistered Agent:			
hereby accept the appointment as registered agent		th and accept the obligati	ions of the positio	vn.
	matura of Var. Par	sistered Amont if changing		

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.

Example: X Change	<u>PT</u>	John Doe		
X Remove	<u>V</u>	Mike Jones		
<u>X</u> Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		Address
1) Change	V	ILEANA MARTIN-	CARRERA	7961 SW 20 ST
X Add				MIAMI, FL 33155
Remove				
2) Change		_		
Add				
Remove				
3) Change				
Add				
Remove				
4) Change			_	
Add				
Remove				
5) Change		_	<u>.</u>	
Add				
Remove				
6) Change		_	<u> </u>	
Add				
Remove				

<u> 1 amenumg</u> Attach <i>additi</i>	or adding additional Articles, enter change(s) here: onal sheets, if necessary). (Be specific)
Attach than	mai succis, if necessary). The specific
<u>t an amendi</u> provisions (nent provides for an exchange, reclassification, or cancellation of issued shares, or implementing the amendment if not contained in the amendment itself:
(if not ε	pplicable, indicate N/A)
<u> </u>	

The date of each amendment(s) ad date this document was signed.	option:, if other than th
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this bidocument's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were adopty the shareholders was/were sufficiently.	oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cast t	or the amendment(s) was/were sufficient for approval
by	
	(voting group)
The amendment(s) was/were adoption was not required.	oted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopaction was not required.	oted by the incorporators without shareholder action and shareholder
Dated	08/01/2015
Signature	
(By a di	rector, president or other officer – if directors or officers have not been , by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)
	OSCAR CARBALLO
•	(Typed or printed name of person signing)
	PRESIDENT
-	(Title of person signing)