## P07000078338

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## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: Sierra Animal Hos	pital, Inc.	
DOCUMENT NUM	P07000078338		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Leslie A. Sierra-Brickman, E	DVM	
		Name of Contact Person	1
		Firm/ Company	<u></u>
	7010 Neptune Way		
		Address	
	Riverview, FL 33578		
	-	City/ State and Zip Code	2
	sierraanimalhospital@gmail.	com	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, plea	se call:	
Leslie A. Sierra-Bric	kman	aı ( <u>813</u>	
Name of Contact Person		Area Code & Daytime Telephone Number	
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 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 The Co	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

Sierra Animal Hospital, Inc.

2930 JH 11 25 PM

(Name	of Corporation as curre	itly filed with the Florida D	ept. of State)
P07000078338			
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	.1006, Florida Statutes, th	is Florida Profit Corporation	adopts the following amendme
A. If amending name, enter the new n	ame of the corporation:		
Sierra Brickman, Inc.			The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "Courtered," "professional association,"	Corp," "Inc," or "Co".	A professional corporation	d" or the abbreviation "Corp.," name must contain the word
R Enter new principal office address	if annlicable:	7010 Neptune Way	
	B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		7010 Neptune Way	
	<del></del>	Riverview, FL 33578	
D. If amending the registered agent ar new registered agent and/or the ne	nd/or registered office ac w registered office addre	Idress in Florida, enter the i	name of the
Name of New Registered Agent	N/A		
	7010 Neptune Way		
	(Florida	street address)	_ <del>.</del>
New Registered Office Address:	Riverview		, Florida 33578
New Negistes ett Office Hainess.		(City)	(Zip Code)
New Registered Agent's Signature, if call hereby accept the appointment as registered.			ions of the position.
	Signature of New	Registered Agent, if changin	
			•
Check if applicable  The amendment(s) is/are being filed p	oursuant to s. 607,0120 (1	I) (e), F.S.	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, nam 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 = Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each offic 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. T. 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 C. Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Do	<u>)e</u>	
X Remove	<u>V</u>	Mike Jo	ones .	
X Add	<u>sv</u>	Şally Şr	<u>nith</u>	
Type of Action (Check One)	Title		Name	Address
1) Change				
Add				
Remove				
2) Change		_		
Add				
Remove 3) Change		_		
Add				
Remove				, <del></del>
4) Change		<del></del>		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Remove				

Comment of the commen	cles, enter change(s) here: (Be specific)
/A	
	<del></del>
· ·	
If an amendment provides for an eych	nange, reclassification, or cancellation of issued shares,
It all attenuations provides for all exem	ndment if not contained in the amendment itself:
provisions for implementing the ame	
provisions for implementing the ame (if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
provisions for implementing the ame (if not applicable, indicate N/A)  /A	

	t(s) adoption:	, if other th
date this document was signed Effective date if applicable:	June 16, 2020	
<u>ir appressie</u>	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this dathe Department of State's records.	ate will not be listed
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/we action was not required.	ere adopted by the incorporators, or board of directors without shareholder act	ion and shareholder
	ere adopted by the shareholders. The number of votes cast for the amendment were sufficient for approval.	(s)
	ere approved by the shareholders through voting groups. The following staten led for each voting group entitled to vote separately on the amendment(s):	sent
"The number of vote	es east for the amendment(s) was/were sufficient for approval	
by	······································	
	(voting group)	
6/10/ Dated	/2020	
Signature _	1-1.	
(I s	By a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other compointed fiduciary by that fiduciary)	
	Leslie A. Sierra-Brickman	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	