P12000072583

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> S. TALLENT MAY 2 4 2017

Amend

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ECRETARY OF STATE
LANASSEE FIORIO

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORAT	TON: CONCIERGE VET	TERINARY HOSPITAL O	F NAPLES, INC		
DOCUMENT NUMBER					
	mendment and fee are su	bmitted for filing.			
Please return all correspor	dence concerning this mat	tter to the following:			
AL	BERTO I LOPEZ				
		Name of Contact Persor	1		
CC	CONCIERGE VETERINARY HOSPITAL OF NAPLES, INC				
		Firm/ Company			
23:	2355 VANDERBILT BEACH RD STE 196				
		Address			
NA	PLES, FL 34109				
_		City/ State and Zip Code	9		
BARBAI	RADC1204@YAHOO.CO	DM .	,/		
	E-mail address: (to be us	sed for future annual report	notification)		
For further information co	ncerning this matter, pleas	se call:			
ALBERTO I LOPEZ		at (at (860-1058		
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check for the	e following amount made	payable to the Florida Depa	artment of State:		
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$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 Iment Section on of Corporations Building executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

CONCIERGE VETERINARY HOSPITA	AL OF NAPLES, INC				
(<u>Name o</u>	f Corporation as currer	ntly filed with the Florida	Dept. of State)		
P12000072583					
	(Document Number	of Corporation (if known))		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, thi	s Florida Profit Corporat	tion adopts the follow	ving amendme	ent(s) t
A. If amending name, enter the new na	me of the corporation:				
N/A				The new	,
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associat	ation "Corp," "Inc," or	"Co". A professional co	ncorporated" or the orporation name mu	abbreviation	ı
B. Enter new principal office address,	f applicable:	N/A		<i>ω</i> →	٠٠.
(Principal office address MUST BE A ST			pathon ***		- /
					n 🖔
			SS		- <i>(</i>
C. Enter new mailing address, if applicable:		N/A	ا ند. نعراً		יו כ
(Mailing address <u>MAY BE A POST (</u>	(Mailing address MAY BE A POST OFFICE BOX)			(2)	
				5	
					•
D. If amending the registered agent and new registered agent and/or the new			e name of the		
	N/A	.304			
Name of New Registered Agent				_	
	(Florida .	street address)			
New Registered Office Address:			, Florida		
		(City)	(2	ip Code)	
New Registered Agent's Signature, if ch	nanging Registered Age	nt:			
I hereby accept the appointment as registe			gations of the positio	n.	
	Signature of New	Registered Agent, if chan	oino		

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: XChange	<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>	<u>Addres</u> s
1) Change	<u>v</u>	NELSON HIDALGO	4965 24th AVE SW
Add X Remove			NAPLES, FL 34116
2) Change			
Add			
Remove			
3) Change	- 4		
Add			
Remove			
4)Change			
Add			
Remove			
5) Change			<u>.,,,</u>
Add			
Remove			
6) Change			
Add			
Remove			

(Attach addition	adding additional Articles, enter change(s) here: al sheets, if necessary). (Be specific)
· · · · · · · · · · · · · · · · · · ·	
	
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provisions for	nt provides for an exchange, reclassification, or cancellation of issued shares, implementing the amendment if not contained in the amendment itself: licable, indicate N/A)
	ZZ 100 SHARES 100% OF BUSINESS OWNER
	22 TOO DIRINGS TOO NO OF DOSINESS OWNER

• •	05/17/2017	
Fhe date of each amendment(s) $oldsymbol{s}$	doption:	, if other than the
date this document was signed.	•	
	20/2017	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, epartment of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were act by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amend ufficient for approval.	lment(s)
	proved by the shareholders through voting groups. The following streach voting group entitled to vote separately on the amendment(s	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
-	(voting group)	
The amendment(s) was/were ac action was not required.	opted by the board of directors without shareholder action and shareholder	reholder
The amendment(s) was/were ac action was not required.	opted by the incorporators without shareholder action and sharehol	der
05/17/201 Dated Signature	Lewy hopy	
select	firector, president or other officer – if directors or officers have noted, by an incorporator – if in the hands of a receiver, trustee, or other fiduciary by that fiduciary)	
1	ALBERTO I LOPEZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	, ', ', ' , ' ' ' ' ' ' ' ' ' ' ' ' ' '