P13000098061

(Re	questor's Name)			
(Ad	dress)			
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(Cit	ty/State/Zip/Phone	e #)		
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(Bu	isiness Entity Nan	ne)		
(Document Number)				
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COVER LETTER

TO: Amendment Section Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

NAME OF CORPORATION: ADVANCED VETERINDRY DIAGNOSTIC CENTER, INC	
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submitted for filing.	•
Please return all correspondence concerning this matter to the following:	•
ADRIAN ADAY Name of Contact Person	
Name of Contact Person	
Name of Contact Person A DVANCED VETER INDRY DIAGNOSTIC CENTRE, INC. Firm/ Company	
1121 5W 122 AUT, 5TE 304	
MIAMI, FL. 33184 City/ State and Zip Code	
City/ State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
ADRIAN ADAY at 305 338-0669 Name of Contact Person Area Code & Daytime Telephone Number	
Name of Contact Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount made payable to the Florida Department of State:	
\$35 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) \$43.75 Filing Fee Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Street Address Amendment Section	

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Articles of Amendment to

Articles of Incorporation

Advanced Voter	inary DiagNostic CENTO	R =	エハ	<u>ر</u> ,
(Name of Corpo	oration as currently filed with the Florida Dept. of State	Į.		
	13000098061			
(De	ocument Number of Corporation (if known)			
Pursuant to the provisions of section 607.1006, Flaits Articles of Incorporation:	orida Statutes, this Florida Profit Corporation adopts the following	lowing am	rendme	ent(s) to
A. If amending name, enter the new name of the	he corporation:			
	word "corporation," "company," or "incorporated" or i	The		
"Corp.," "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or B. Enter new principal office address, if application and the companies of the	eable: ADDRESS)	must cont	ain the	;
D. If amending the registered agent and/or reg	ristered office address in Florida, enter the name of the	100 h	\subseteq	T.
new registered agent and/or the new registe	ered office address:		30	Æ
Name of New Registered Agent	<u></u>	47	70	FIL
			22 28	Ö
	(Florida street address)	77.77	င့်ပု	
New Registered Office Address:	, Florida	15	ω	
New Registered Office Address.	(City)	(Zip Code	3)	
<u></u>	ent. I am familiar with and accept the obligations of the posi	ition.		
	Signature of New Registered Agent, 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 <math>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 Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	S,T	ISABEL BELTRAN	1121 SW 122 AVE
Add			UNIT # 304
Remove			MIAMI. FL. 33184
2) Change			
Add			
Remove			
3)Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Charas			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the amer	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) ad date this document was signed.	,	6-24-2015		_, if other than the
Effective date if applicable:	6/24/2015	4 00	of Classical	
	(no more	tnan 90 aays ajter amename	ni jiie aaie)	
Note: If the date inserted in this be document's effective date on the Dep			equirements, this date will	not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>	9		
☐ The amendment(s) was/were ado by the shareholders was/were suf		rs. The number of votes cast	for the amendment(s)	
☐ The amendment(s) was/were app must be separately provided for				
"The number of votes cast	for the amendment(s) w	as/were sufficient for approv	al	
by			,,	
•	(voting group)			
☐ The amendment(s) was/were ado action was not required.	pted by the board of dir	rectors without shareholder a	ction and shareholder	
The amendment(s) was/were ado action was not required.	pted by the incorporator	ors without shareholder action	and shareholder	
Dated 6	/24/2015	- 		
Signature				
		er officer – if directors or off		
	i, by an incorporator – i ed fiduciary by that fidu	if in the hands of a receiver, t	rustee, or other court	
пр роши	Adi	rian Ada		
•	(Typed or pr	rinted name of person signing	g)	
		President	-	
		(Title of person signing)		