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07/18/22--01009--019 **48.75

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: ANIMAL MEDICA	AL CENTER OF JUPITE	R, INC.		
DOCUMENT NUMB					
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.			
Please return all corres	pondence concerning this ma	tter to the following:			
	Edward J. Guiducci				
·	Name of Contact Person Guiducci & Guiducci, PC				
-		Firm/ Company			
	14239 W. 69th Place	r min Company			
Address					
	Arvada, CO 80004				
-		City/ State and Zip Code			
	tropicalvet@hotmail.com				
-	E-mail address; (to be us	sed for future annual report	notification)		
For further information	concerning this matter, pleas	se call:			
Edward J Guiducci		at (303	355-3463		
Name o	f Contact Person	Area Coo	de & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	irtment of State:		
S35 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)		
Ame Divis P.O.	ing Address indment Section sion of Corporations Box 6327 hassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee §. Monroe Street, Suite 810 ussee, FL 32303		

Articles of Amendment Articles of Incorporation of

Animal Medical Center of Jupiter, Inc	<i>.</i>		~- 2	
(Name o	of Corporation as currently	filed with the Florida Dept. of State)	22	
P14000076311				
	(Document Number of	Corporation (if known)	8	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this F	<i>lorida Profit Corporation</i> adopts the follow	ring amendment(s) t	
A. If amending name, enter the new n	ame of the corporation:		28	
Robert C. Buzzetti, DVM, Inc.			The new	
name must be distinguishable and contain "Inc" or Co.," or the designation "C "chartered," "professional association,"	lorp," "Inc," or "Co". A	mpany," or "incorporated" or the abbrevion professional corporation name must con	ation "Corp.,"	
B. Enter new principal office address,	if annlicable:	3132 San Michele Drive		
(Principal office address MUST BE A S		Palm Beach Gardens, Florida 33418		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		3132 San Michele Drive		
		Palm Beach Gardens, Florida 33418		
D. If amending the registered agent ar new registered agent and/or the new		ess in Florida, enter the name of the		
Name of New Registered Agent				
	3132 San Michele Drive			
	/Florida stree			
New Registered Office Address:	Palm Beach Gardens	Florida	<u> </u>	
	//	Tity) (Z	ip Code)	
New Registered Agent's Signature, if c I hereby accept the appointment as regist	hanging Registered Agent: tered agent. I am familiar w	ith and accept the obligations of the positio	n.	
	Kobert Buzzetti	.		
	Signature of New Re	gistered Agent, if changing		
Check if applicable ☐ The amendment(s) is/are being filed p	oursuant to s. 607.0120 (11) (c	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.

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>	<u>Addres</u> s
1) Change		Robert Buzzetti	3132 San Michele Drive
P Add			Palm Beach Gardens. Florida
Remove			33418
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach <i>additional s</i>	ding additional Artichests, if necessary).	(Be specific)				
			·		<u></u>	
			- 			
						
					· *	
						
	<u></u>					• •
		-		·		
			<u> </u>			
If an amendment	provides for an exch	ange, reclassi	fication, or car	reellation of iss	ued shares.	
provisions for im	plementing the amer	ndment if not	contained in t	he amendment	itself:	
(if not applice	thle, indicate N/A)					
_						
					•	
						

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date widocument's effective date on the Department of State's records.	ill not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action an action was not required.	nd shareholder
■ The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	2022 17.Lt
"The number of votes east for the amendment(s) was/were sufficient for approval President	2022 JUL
by (voting group)	
July 6,2022 Dated	AH 7:
Signature Robert Bazzetti	28 107
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Robert C. Buzzetti, DVM	
(Typed or printed name of person signing)	
President	
(Title of person signing)	