P20 000050899

(F	Requestor's Name)		
(A	Address)		
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(E	Business Entity Name)		
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TO: Amendment Sec Division of Corp		,	ĵ.
NAME OF CORPO	PRATION: YOUR PETS VET	S 4, INC.	
DOCUMENT NUM	IBER: P20000050899		
The enclosed Article.	s of Amendment and fee are sul	bmitted for filing.	
Please return all corr	espondence concerning this mar	tter to the following:	
	MICHAEL HAMPLEMAN		
		Name of Contact Persor	
	THE CENTER FOR FINANC		
		Firm/ Company	
	4501 W DEYOUNG ST STE	200	
		Address	
	MARION, IL 62959		
		City/ State and Zip Code	
	ANDREW@TAXPLANNIN	G.COM	
	E-mail address: (to be us	sed for future annual report	notification)
For further informati	on concerning this matter, pleas	se call:	
MICHAEL HAMPLEMAN		at (997-3436
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check t	for 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)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address		Street Address	
Amendment Section		Amendment Section	
Division of Corporations		Division of Corporations The Control of Tallahassee	
P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

YOUR PETS VETS 4, INC. (Name of Corporation as currently filed with the Florida Dept. of State): 4: 22 P20000050899 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: YOUR PETS VETS 4 DAVIE, INC. name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc." or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 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) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Signature of New Registered Agent, if changing

Check if applicable

[☐] The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (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.

X Change	<u>PT</u>	John Doo	<u>2</u>	
X Remove	<u>V</u>	Mike Jor	nes	
X Add	<u>sv</u>	Sally Sm	uth	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change				<u>.</u>
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
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<u> </u>	
	<u> </u>
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
······································	
	
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The date of each amendment(s) date this document was signed.	adoption:	, if other than the
Effective date if applicable:		
Estective date in appreciable.	(no more than 90 days after amendment file date)
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirement of State's records.	ts, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were acaction was not required.	dopted by the incorporators, or board of directors without shareh	older action and shareholder
☐ The amendment(s) was/were as by the shareholders was/were:	dopted by the shareholders. The number of votes cast for the an sufficient for approval.	nendment(s)
	oproved by the shareholders through voting groups. The following reach voting group entitled to vote separately on the amendment	
"The number of votes cas	of for the amendment(s) was/were sufficient for approval	
by	."	
	(voting group)	
07/15/202 Dated	and Camilo	
select	director, president or other officer – if directors or officers have ed, by an incorporator – if in the hands of a receiver, trustee, or need fiduciary by that fiduciary)	
	PAUL CAMILO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	