DOC ID ----> 201330500844

DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
11/01/2013	201330500844	AMEND/ARTICLES-ORGANIZATION/DOM. LLC (LAM)	50.00	.00		.00	.00

Receipt

This is not a bill. Please do not remit payment.

JAMES C. MCSHERRY, ESQ.
178 EAST WASHINGTON STREET
CHAGRIN FALLS, OH 44022

STATE OF OHIO
CERTIFICATE

Ohio Secretary of State, Jon Husted

1627776

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

TVHPL, LLC

and, that said business records show the filing and recording of:

Document(s)	Document No(s):
AMEND/ARTICLES-ORGANIZATION/DOM. LLC	**201330500844**

Effective Date: 11/01/2013

United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 1st day of November, A.D. 2013.

Jon Husted

Ohio Secretary of State

DOC ID ----> 201330500844

Form 543A Prescribed by:
Ohio Secretary of State
JON HUSTED
Ohio Secretary of State
Central Ohio: (614) 466-3910
Toll Free: (877) SOS-FILE (767-3453)
www.OhioSecretaryofState.gov
Busserv@OhioSecretaryofState.gov

Mail this form to one of the following:

Regular Filing (non expedite)
P.O. Box 1329
Columbus, OH 43216

Expedite Filing (Two-business day processing time requires an additional $100.00).
P.O. Box 1390
Columbus, OH 43216

2013 NOV -1 AM 8:38

Domestic Limited Liability Company Certificate of Amendment or Restatement
Filing Fee: $50

(CHECK ONLY ONE (1) BOX)

(1) Domestic Limited Liability Company

☒ Amendment (129-LAM)

06/05/2006
Date of Formation

(2) Domestic Limited Liability Company

☐ Restatement (142-LRA)

Date of Formation

The undersigned authorized representative of:

Twinsburg Veterinary Hospital and Pet Lodge, LLC
Name of limited liability company

162776
Registration Number

If box (1) Amendment is checked, only complete sections that apply. If box (2) Restatement is checked, all sections below must be completed.

The name of said limited liability company shall be:

TVHPL, LLC

Name must include one of the following words or abbreviations: "limited liability company," "limited," "LLC," "L.L.C.," "ltd." or "ltd"

This limited liability company shall exist for a period of:

Period of Existence

Purpose

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By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required
Must be signed by a member, manager or other representative.

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.

X
Signature

By (if applicable)

Gregg Lozanoff
Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name