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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : THE LAW OFFICES OF NICK SPRADLIN PLLC

Account Number : I20070000020 Phone : (813) 435-3176 Fax Number : (713)429-1276

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SUPERIOR EQUINE SUPPLEMENTS, LLC

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J. HARRIS

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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SUPERIOR EQUINE SUPPLEMENTS, LLC		
(Name of the Limited Liability Com (A Florida Limite	ipany as it now aguests on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa	ny were filed on	and assigned
Florida document number L15000031628		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li-	ability company here:	
The new name must be distinguishable and contain the words "Limited Lis	ability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		्रा की
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Dut		<u> </u>
Enter new mailing address, if applicable:		
(Mailing oddress MAY BE A POST OFFICE BOX)		(/:
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B. If amending the registered agent and/or registered registered agent and/or the new registered office address in		nter the name of the new
Name of New Registered Agent:		
N 7 2 400 AU		
New Registered Office Address:	Enter Florida street address	
	, Floric	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agen	ıt:	

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Selected BioProducts Inc	6-558 Massey Road	
			☐ Remove
		Guelph, Ontario, Canada	□ Change
MGR	RALPH ROBINSON	85211 MAJESTIC WALK BLVD	
		-	Remove
		Pernandina Beach FL 32035	Change
			☐ Remove
			Change
			□ Add
			□ Remove
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