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COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

eudiret.	PET SCI	ENTFIC GROUP LLC	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	SANDI WINDSOR		
		Name of Person	
	WALTER S SANDERS &	ASSOCIATES PA	~;
		Firm/Company	
	16528 N DALE MABRY	HWY	**************************************
		Address	(بر)
	TAMPA, FL 33618		
		City/State and Zip Code	
	SANDI@WALTERSANDI		
	E-mail address: (to be used for future annual report not	fication)
For further information c	oncerning this matter, please co	all:	
SANDI WINDSOR		813 961-0094	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Address:	
Registration S Division of C		Registration Se Division of Cor	
P.O. Box 632	-	The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PET SCI	IENTIFIC GROUP, LLC	
(<u>Name of the Limited Liability</u> (A Florida	y Company as it now appears on our record Limited Liability Company)	<u></u>
The Articles of Organization for this Limited Liability Co	ompany were filed on NOVEMBER	4, 2019 and assigned
Florida document numberL19000274949	<u>_</u> :	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
PetScy, LLC		
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRI	ESS)	
Enter new mailing address, if applicable:	N/A	
(Mailing address MAY BE A POST OFFICE BOX)		
		<u></u> >
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter	the name of the new registe
Name of New Registered Agent: N/A		
New Registered Office Address:		
	Enter Florida street addres	s
		orida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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>	<u>Name</u>	Address	Type of Action
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			□Remove
			Change
		.	
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ecord spe	cifies a delayed effective d	ate, but not an effective	time, at 12:01 a.m. oi	n the earlier of: (b)	The 90th day after the
is filed.	•			, ,	
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