## L21000384652

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TO FRUCE SEP 12 2021

## COVER LETTER ·

TO: Registration S Division of Co						
PETS4LO	NG SCIENTIFIC LLC					
SUBJECT:	Name of Lin	nited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
	ondence concerning this matter					
	JOSEPH SUSI					
		Name of Person	•	_		
	JOSEPH L. SUSI. CPA PA	A				
		Firm/Company				
	2959 IST AVE N					
	· · · · · · · · · · · · · · · · · · ·	Address		_		
	ST PETERSBURG FL 33	713		<i>€</i>	2021	
	D.COLONNELLO@MEET	City/State and Zip Code			2021 SEP -1	•
		to be used for future annual report notifi	cation)		<del>'</del>	-
For further information c	incorning this matter, please c	all:		.,	PH 显示	
JOSEPH SUSI	:	727 3884333 at ( )			т. :Д З	
Name o	f Person		Telephone Numbe	r		
Enclosed is a check for the	ne following amount:					
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifica Certified	0.00 Filing Fee, rtificate of Status & rtified Copy ditional copy is enclosed)		
Mailing Addres Registration 5	Section	<u>Street Address:</u> Registration Sect	ion			
Division of C P.O. Box 632		Division of Corp	orations			
Tallahassee, f		The Centre of Ta 2415 N. Monroe		10		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PETS4LONG SCIENTIFIC LLC	
(Name of the Limited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)
he Articles of Organization for this Limited Liability Company were filed on $\frac{08/2}{2}$	27/2021 and assigned
lorida document number L21000384652	
nis amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability company her	<u>·e</u> :
ne new name must be distinguishable and contain the words "Limited Liability Company," the de-	signation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	202
Principal office address MUST BE A STREET ADDRESS)	E 8
·	1
	——————————————————————————————————————
nter new mailing address, if applicable:	
Agiling address MAY BE A POST OFFICE BOX)	<u> </u>
. If amending the registered agent and/or registered office address on our re- gent and/or the new registered office address here:	cords, <u>enter the name of the new registe</u>
Name of New Registered Agent:	
New Registered Office Address:	
	da street address

## 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.

City

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
MGR	DAVIDE COLONNELLO	2959 IST AVE N	<b>\</b> Add
		ST PETERSBURG FL 33713	_
			□Change
			□ Remove
			☐ Change
			702d-SEP
			Remove !
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		-	

Typed or printed name of signee