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■ \$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: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

BUNKER PETS USA LLC

DocuSign Envelope ID: D985DFD9.1138-499D-9D0F-686D0AD9D5C2 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compar (A Florida Limited L	<u>iy as it now appears on our</u> lability Company)	r records.)		
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.22000425600}{1.0000000000000000000000000000000000$	were filed on	? unc	l assigno	ed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	lity company here:			
The new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words of the new name must be distinguishable and contain the new name must be distingui	ty Company," the designation	on "LI C" or the abbreviatio	n "L.L.C.	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
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Enter new mailing address, if applicable:		<u> </u>	CT	<u>. 53.240</u> 2
(Mailing address MAY BE A POST OFFICE BOX)		<u>\$</u>	25	F: ====
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B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records,	enter the name of the	ne W re	gistered
agent unawa the new registered office address nere.				
Name of New Registered Agent:				
New Registered Office Address:				
New Registered Office Address.	Enter Florida stree	t address		
		. Florida		
	City	, Florida Zip C	ode	
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my dui rovided for in Chapter	ties, and I am familian 605, F.S. Or, if this c	with an locumen	nd

If Changing Registered Agent, Signature of New Registered Agent

DocuSign Envelope ID: D985DFD9-1138-499D-9D0F-686D0AD9D5C2 H amending Authorized rerson(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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fective date, if other than the n effective date is listed, the date mus te: If the date inserted in this blo						
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cord specifies a delayed effective is filed.	e date, but not	an effective ti	me, at 12:01 a.	m, on the earlier	of: (b) The 90th c	lay after th
ted OCTOBER, 20		. 2022				
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	Signature of a	17	<u> </u>	· ,		

Filing Fee: \$25.00