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COVER LETTER

	rision of Cor	
SUBJECT:	Pet MD Bra	nds, LLC
SUBJECT:		Name of Limited Liability Company
		Amendment and fee(s) are submitted for filing.
Please return	n all correspoi	ndence concerning this matter to the following:
		Paul D. Watson
		Name of Person
		Sivyer Barlow Watson & Haughey, PA
		Firm/Company
		401 E. Jackson Street, Suite 2225
		Address
		Tampa, FL 33602
		City/State and Zip Code
		pwatson@sbwhlegal.com E-mail address: (to be used for future annual report notification)
For further in	nformation co	oncerning this matter, please call:
Paul D. Wat	tson	813 221-4242 at ()
	Name of	
Enclosed is a	a check for th	e following amount:
■ \$25.00 E	Filing Fee	☐ \$30.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

A Property of the second

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pet MD Treats,LLC					
(Name of the Limited I. (A F	iability Compan Iorida Limited Li	y as it now appears on o ability Company)	ur records.)		
ne Articles of Organization for this Limited Liabil orida document number <u>L230004426</u>		vere filed on <u>09</u> j	125/2023	_ and assi	gned
is amendment is submitted to amend the following	ng:				
If amending name, enter the new name of the	e limited liabil	ity company here:		2024 i	
new name must be distinguishable and contain the words	"Limited Liabilit	y Company," the designate	tion "LLC" or the abbre	-	ç."
ter new principal offices address, if applicable	e:			ر ص	· · · ·
incipal office address MUST BE A STREET A	DDRESS)			- <u>5</u>	i i i
				ယ္	·
				. 25	
ter new mailing address, if applicable:					
ailing address MAY BE A POST OFFICE BO	<u>X)</u>			,	
If amending the registered agent and/or regisent and/or the new registered office address he		ldress on our record	s, <u>enter the name (</u>	of the new	registe
Name of New Registered Agent:	Sivyer Barlow W	/atson & Haughey, P.A	<u>. </u>		
New Registered Office Address: 4	01 E. Jackson S	treet, Suite 2225			
	•	Enter Florida str	eet address	-	
т	Tampa		, Florida _3360:	2	
_		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
MGR	Organic Pet, LLC	231 Douglas RD E Unit 1	□ Add
		Oldsmar, FL 34677	≣Remove
			□Change
MGR	Pet MD Brands, LLC	2600 Lakepointe Parkway	Add
		Odessa, FL 33556	□Remove
			□Change
	 -		□Add
			□Remove
		 	□Change
			□Add
			Remove
			□Change
			□Add
		-	Remove
			□Change
			
			Remove
			□ Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
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(If an eff Note:	we date, if other than the date of filing:
the recor	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated	January 11 . 2024 .
	Signature of a member or authorized representative of a member
	Brian Nugent Cia Wasert

Filing Fee: \$25.00