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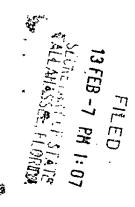
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Gemini Equipment Sales, Inc. DOCUMENT NUMBER: P98000055529				
	f Amendment and fee are sul	omitted for filing		
	oondence concerning this mat	_		
	Rene			
_	TACHE			
	Name of Contact Person The Draves Law Firm, P.A.			
-				
	Firm/ Company 120 E. Concord St.			
	***************************************	Addre	\$\$	
	Orlando, FL 32801			
_		City/ State and	Zip Code	· · · · · · · · · · · · · · · · · · ·
	.		•	
re	ene@draveslawfii			
	E-mail address: (to be us	ed for future annu	ial report	notification)
For further information	concerning this matter, pleas	e call:		
Rene		at (407	423-1183
Name o	f Contact Person	\	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made p	payable to the Flor	rida Depa	rtment of State:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Certified Cop (Additional co enclosed)	у	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Gemini Equipment Sales, Inc.	
(Name of Corporation as currently filed with the	Florida Dept. of State)
P98000055529	
(Document Number of Corporation	(if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corporation;	
Vets 4 Less, Inc.	The new
name must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
	N/A SES
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>)	AHA.
	THE PRINCE
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	N/A
	42
D. If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office address	dress in Florida, enter the name of the
NI/A	<u>391</u>
Name of New Registered Agent NIA	
NIA	street address)
New Registerea Office Adaress:	, Florida
(City	y) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen	<u>ıt:</u>
I hereby accept the appointment as registered agent. I am familian	with and accept the obligations of the position.
8	
Signature of New Registered	I Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Char		<u>PT</u>	John Doe	
X Rem	ove	. <u>V</u>	Mike Jones	
_X Add	Į.	<u>sv</u>	Sally Smith	
Type of (Check (<u>Title</u>	Name	<u>Addres</u> s
1)	Change		N/A	
•	Add			
 -	Remove			
2)	Change			
	Add			<u></u>
	Remove			
3)	Change			
	Add			**************************************
	Remove			
4)	Change			
	Add			<u></u>
	Remove			
5)	Change			
	Add			
	Remove			
6)	Change			
	Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
N/A
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)
N/A

The date of each amendment(s) ac	doption:	[-7]-7
Effective date if applicable:	(no more	than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE) (1)
☐ The amendment(s) was/were add by the shareholders was/were su		rs. The number of votes cast for the amendment(s)
		ers through voting groups. The following statement itled to vote separately on the amendment(s):
	• • • • • • • • • • • • • • • • • • • •	vas/were sufficient for approval
by	(voting group)	
		rectors without shareholder action and shareholder
☐ The amendment(s) was/were add action was not required.	opted by the incorporato	ors without shareholder action and shareholder
DatedSignature	1-31-20	ed & Cerbrielo DVM
(By a d		ner officer if directors or officer have not been if in the hands of a receiver, trustee, or other court luciary)
		orbridge, DVM
		orinted name of person signing)
	President	
·	(Title of	person signing)