

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM679869

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	CHANGE OF NAME

CONVEYING PARTY DATA

Name	Formerly	Execution Date	Entity Type
Holden2, LLC		07/29/2021	Limited Liability Company: FLORIDA

RECEIVING PARTY DATA

Name:	Pet MD Brands, LLC
Street Address:	2514 Lakepointe Parkway
City:	Odessa
State/Country:	FLORIDA
Postal Code:	33556
Entity Type:	Limited Liability Company: FLORIDA

PROPERTY NUMBERS Total: 20

Property Type	Number	Word Mark
Registration Number:	2761412	PET MD
Registration Number:	4763438	SOMEGA
Registration Number:	5192095	PET MD
Registration Number:	5232168	PROJECT PAWS
Registration Number:	5232600	REVISION
Registration Number:	5236210	PRIMEP WS
Registration Number:	5316617	VETWELL
Registration Number:	5317240	MOVEWELL
Registration Number:	5500928	WELLSYN
Registration Number:	5507739	DERMWELL
Registration Number:	5517983	KRILLWELL
Registration Number:	5643192	PRONINE
Registration Number:	5643458	KETOWELL
Registration Number:	5775643	BLUE PINES
Registration Number:	5792967	MICOSEB
Registration Number:	5827060	CHLORWELL
Registration Number:	5859781	EARWELL
Registration Number:	5897974	NATURE'S BUTTER
Registration Number:	6264246	PROJECT PAWS

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Property Type	Number	Word Mark
Registration Number:	6454937	PET MD
CORRESPONDENCE DATA		
Fax Number:	8007261491	
<i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent using a fax number, if provided; if that is unsuccessful, it will be sent via US Mail.</i>		
Phone:	813-925-8505	
Email:	trademarks@smithhopen.com	
Correspondent Name:	Smith & Hopen, P.A.	
Address Line 1:	180 Pine Avenue North	
Address Line 4:	Oldsmar, FLORIDA 34677	
NAME OF SUBMITTER:	Michele L. Lawson	
SIGNATURE:	/michele l lawson/	
DATE SIGNED:	10/08/2021	
Total Attachments: 5		
source=Articles-of-Amendment-Pet-MD-Brands-LLC#page1.tif		
source=Articles-of-Amendment-Pet-MD-Brands-LLC#page2.tif		
source=Articles-of-Amendment-Pet-MD-Brands-LLC#page3.tif		
source=Articles-of-Amendment-Pet-MD-Brands-LLC#page4.tif		
source=Articles-of-Amendment-Pet-MD-Brands-LLC#page5.tif		

L17000177764

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

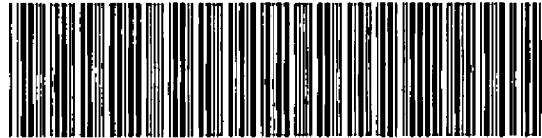
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700370493047

07/29/21--01021--006 **25.00

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SECRETARY OF STATE
TALLAHASSEE, FL

TRADEMARK

REEL: 007447 FRAME: 0457

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Holden2, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fees) are submitted for filing.
Please return all correspondence concerning this matter to the following:

Gail Martin Abercrombie
Name of Person
Sivyer Barlow & Watson, P.A.
Firm/Company
401 East Jackson Street, Suite 2225
Address
Tampa, FL 33602
City/State and Zip Code
gabercrombie@sbwlegal.com
E-mail address (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FL
2021 JUL 29 PM 2:08

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For further information concerning this matter, please call:

Gail Martin Abercrombie 813 221-4242
Name of Person at () Daytime Telephone Number
Area Code

Enclosed is a check for the 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:
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**

Holden2, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on August 18, 2017 and assigned Florida document number 1.17000177764.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Pet MD Brands, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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TALLAHASSEE, FL

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

_____, **Florida**

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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
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_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

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TALLAHASSEE, FL
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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TALLAHASSEE, FL.

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated July 26 2021

Gail Martin Abercrombie
Signature of a member or authorized representative of a member

Gail Martin Abercrombie
Typed or printed name of signer

Filing Fee: \$25.00

TRADEMARK

RECORDED: 10/08/2021

REEL: 007447 FRAME: 0461