

**TRADEMARK ASSIGNMENT**

Electronic Version v1.1  
 Stylesheet Version v1.1

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT		
<b>NATURE OF CONVEYANCE:</b>	CHANGE OF NAME		
<b>CONVEYING PARTY DATA</b>			
<b>Name</b>	<b>Formerly</b>	<b>Execution Date</b>	<b>Entity Type</b>
Salix LLC		07/07/2010	LIMITED LIABILITY COMPANY: FLORIDA
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	Salix Animal Health, LLC		
<b>Street Address:</b>	198 Lock Road		
<b>City:</b>	Deerfield Beach		
<b>State/Country:</b>	FLORIDA		
<b>Postal Code:</b>	33442		
<b>Entity Type:</b>	LIMITED LIABILITY COMPANY: FLORIDA		
<b>PROPERTY NUMBERS Total: 9</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Serial Number:</b>	85375152	GOOD 'N' TASTY	
<b>Registration Number:</b>	3793031	HEALTHY-HIDE	
<b>Registration Number:</b>	3793029	HEALTHY HIDE	
<b>Registration Number:</b>	2307604	HEALTHY-HIDE	
<b>Registration Number:</b>	2583543	VALUE HIDE	
<b>Registration Number:</b>	3667554	DELI-WRAPS	
<b>Registration Number:</b>	3535250	NATURAL LITE-BITES	
<b>Registration Number:</b>	3345901	OMEGA3DAILY	
<b>Registration Number:</b>	2383475	SALIX	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>	(616)742-1010		
<b>Phone:</b>	6167423500		
<b>Email:</b>	trademarks@mcgarrybair.com		
<i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent</i>			

**CH \$240.00 85375152**

**900205200**

**TRADEMARK**  
**REEL: 004645 FRAME: 0546**

*via US Mail.*

Correspondent Name: Mary C. Bonnema, McGarry Bair PC  
Address Line 1: 32 Market Avenue, SW, Suite 500  
Address Line 4: Grand Rapids, MICHIGAN 49503

ATTORNEY DOCKET NUMBER:	71539-999
NAME OF SUBMITTER:	Mary C. Bonnema, Attorney of Record
Signature:	/Mary C. Bonnema/
Date:	10/21/2011

**Total Attachments: 4**

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source=Name Change Document from Salix LLC to Salix Animal Health, LLC (G0630922)#page4.tif

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

SALIX 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 July 3, 2006 and assigned  
Florida document number L99000003859

This amendment is submitted to amend the following:

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

SALIX ANIMAL HEALTH, LLC

The new name must be distinguishable and end with 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)

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

City

Florida

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 608, 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

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TRADEMARK  
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If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member


Title	Name	Address	Type of Action
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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Dated 7-7, 2010.



Signature of a member, or authorized representative of a member.

MARC KREAMER

Typed or printed name of signee

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Filing Fee: \$25.00