L17000026664

(Requestor's Name)
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COVER LETTER

Division of	Corporations				
Kab Ve	ntures LLC				
SUBJECT:	Name of Lin	nited Liability Company			
The enclosed Articles	s of Amendment and fee(s) are sub	omitted for filing.			
Please return all corre	espondence concerning this matter	to the following:			
	Kyle Binder				
		Name of Person			
	PetLovers LLC				
		Firm/Company			
	302 S Collins St #107				
		Address			
	Plant City, FL 33563				
		City/State and Zip Code			
	kyle@hellopetlovers.com				
		to be used for future annual report notif	ication)		
For further information	on concerning this matter, please c	all:			
Kyle Binder		970 5106257 at ()		/\ \(\mathbb{B}\)	
Nan	ne of Person		e Telephone Number	2022 APR 2	
Enclosed is a check to	or the following amount:				-
■ \$25.00 Filing Fee	e \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Status &	المسياد
A. 111		S			

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section

TO:

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

Kab Ventures 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 Florida document number L17000026664	were filed on 02/02/2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
PetLovers LLC		
The new name must be distinguishable and contain the words "Limited Liabili	ty 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 a agent and/or the new registered office address here: Name of New Registered Agent:	ddress on our records, <u>en</u>	ter the name of the new registered
New Registered Office Address:		
Neg Negword Office Madess.	Enter Florida street ad	dress
		Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as paking filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties rovided for in Chapter 60	, and I am familiar with and 05, F.S. Or, if this document is

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>	Name	<u>Address</u>	Type of Action
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
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			□Remove
			□Change
			□Add
			Remove

Page 2 of 3

Fective date, if other than the date of filing:	 	 ·			
te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as cument's effective date on the Department of State's records. record specifies a delayed effective date, but not an effective time, at 12:01 a.m., on the earlier of the 90th day after the record is filed. April 16th 2022					
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Signature of a member or authorized representative of a member	ed April 16th		<u> </u>		
	led April 16th ———————————————————————————————————	, <u>2022</u> 			