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(Re	equestor's Name)	
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COVER LETTER

TO:	Registration Division of G	n Section Corporations		
	PETS F	PLUS+ - PARRISH, LLC.		
SUBJE	CT:	Name of Lim	nited Liability Company	
· The enc	dosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
		spondence concerning this matter	-	
		Kevin W. Geisler		
		Florida CPA Services, P.A	Name of Person	
		5550 26th Street West, Su	Firm/Company ite 1	
		Bradenton, FL 34207	Address	
		kevin@floridacpaservices.co	City/State and Zip Code om	<u> </u>
		E-mail address: (to be used for future annual report not	ification)
For furt	her information	on concerning this matter, please c	all:	
Kevin \	W. Geisler		941 752-6262 at ()	
	Nan	ne of Person		ne Telephone Number
Enclose	ed is a check fo	or the following amount:		
S \$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)
	Reg	ILING ADDRESS: sistration Section ision of Corporations	STREET/COUR Registration Section Division of Corpo	on

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TOARTICLES OF ORGANIZATION OF

PETS PLUS+ - PARRISH, LLC. (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

and assigned Florida document number L06000098834 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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) 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

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.

Cirv

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	KGPM Holdings, LLC	5550 26th Street W, Ste 1	
		Bradenton, FL 34207	
			□ Remove
	Data Ohia i Haldinaa III C	CCCO 20th Change 181 Cho 4	☐ Change
MGRM	Pets Plus+ Holdings, LLC	5550 26th Street W, Ste 1	5 1.11
		Bradenton, FL 34207	Add
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		January 25, 2019		
Effective date, it	other than the date of fi	ling:	(0	ptional) after filing.) Pursuant to 605.020
Note: If the date	listed, the date must be specific nserted in this block does no ve date on the Department o	ot meet the applicable s	e of filing or more than 90 days: tatutory filing requirements,	after filing.) Pursuant to 605.020 this date will not be listed as
	·			
	fies a delayed effective after the record is file		effective time, at 12:0	01 a.m. on the earlier o
January 2	7	2019		
Dated				
1		//-//-		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00