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SECRETARY OF STATE

*COVER LETTER

Division of Co			
SUBJECT:	KING"S PET S Name of Lim	SOLUTIONS, LLC ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	
	EVELYN R	GONZALEZ, EA MBA	·
		Name of Person	
	ACCOUNTING C	CENTER FOR SMALL BUSI Firm/Company	NESS, 11ĉ
	5701 DOG	WOOD DR	
		Address	
	ORLANDO,	FL 32807	
	•	City/State and Zip Code	
ACCORL@aol.com			•
	E-mail address: (to be used for future annual report notifica	ation)
For further information (concerning this matter, please of	call:	
EVELYN	R GONZALEZ, EA	at (407) 281-0227	
Name o	of Person	Area Code & Daytime	Felephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	**X\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KING'S PET SOLUTIONS, LLC	
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
(A Florida Limited Liability Company)	
	ssigned
Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
KILPEX, LLC	
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the "L.L.C."	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)	
Transmit was the first of the bond	
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:	or the new
Name of New Registered Agent:	
Name of New Registered Agent.	
New Registered Office Address:	, , , , , , , , , , , , , , , , , , ,
Enter Florida street address	Contage)
, Florida	
City ZECo	
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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 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 <u>Title</u> <u>Name</u> <u>Address</u> Type of Action ☐ Add Remove ☐ Add Remove ☐ Add Remove Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) JANUARY 17, 2012 Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00