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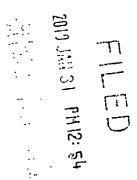
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PICK-UP	WAIT	MAIL
(Bu	usiness Entity Name)	
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Certified Copies	Certificates of	Status
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COVER LETTER

то:	Registration Se Division of Cor			·
		IS+ HOLDINGS, LLC	•	
SUBJE	CT:	Name of Limit	ted Liability Company	
The end	closed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please	return all correspo	indence concerning this matter t	o the following:	
		Kevin W. Geisler		
			Name of Person	
		Florida CPA Services, P.A		
			Firm/Company	
		5550 26th Street West, Suit	e 1	
			Address	
		Bradenton, FL 34207		
		kevin@floridacpaservices.co	City/State and Zip Code m	
		E-mail address: (to	o be used for future annual report notific	cation)
For fur	ther information c	oncerning this matter, please ca	11:	
Kevin	W. Geisler		941 752-6262 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclose	ed is a check for th	ne following amount:		
⊠ (\$25	5.00 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, F1, 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

PETS PLUS+ HOLDINGS, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) and assigned L07000104847 . 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: KGPM Holdings, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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.

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	Address	Type of Action
		 	Add
			☐ Remove
			□ Change
			Add
			☐ Remove
			□ Change
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Filing Fee: \$25.00