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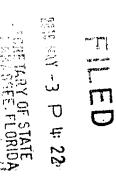
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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COVER LETTER

Divisi	on of Corpor	ations						
SUBJECT:	KBN	Publish	ing L	_LC				
_		N	ame of Lim	ited Liability	Company			
The enclosed A	articles of Am	endment and fee	(s) are sub	mitted for fil	ling.			
Please return al	l corresponde	nce concerning t	his matter	to the follow	ving:			
		Air	nee '	Wilcox	(
Name of Person								
		KBN	Publ	ishing	LLC	· 		
					• -			
		3030	N. F	Rocky	Point	DR.	STE	150A
				<i></i> Ad	dress			
		Tampa Winoxir E-mai	FL	33	607			
			,	City/State	and Zip Code			
	-	W 100X11 E-mai	19M9 r Laddress: (to be used to	future annual	report notifi	cation)	<u></u>
For further info		erning this matter						
Aime	e Wil	COX rson		۔. at (119 , 3	39-3	441	
	Name of Per	rson		Ā	rea Code	Daytime	Telephone Nu	mber
Enclosed is a ch	neck for the fo	ollowing amount:	:					
\$25.00 Fili	ng Fee 1	\$30.00 Filing F Certificate of	ee & Status	Certi	Filing Fee & fied Copy onat copy is enc		Cert Cert	00 Filing Fee, tificate of Status & tified Copy tional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

KBN Publishing (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 4 25 2016 Florida document number L16000081142 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 "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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

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
MGR	Paul Wilcox Jr.	3030 N. Rocky Point Dr.	
		STE 150A	□ Remove
		Tampa, FL 33607	⊠ Change
			□ Remove
			Change
			□ Add
			🗆 Remove
			Change
			🗆 Add
			Remove
			Change
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		STATE OF THE STATE	, , , , , , , , , , , , , , , , , , , ,
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). If amending	g any other information, enter change(s) here: (Attach additional sheets, i	if necessary.)	

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Note: If the	te, if other than the date of filing: date is listed, the date must be specific and cannot be prior to date of filing or more than 90 day date inserted in this block does not meet the applicable statutory filing requirement effective date on the Department of State's records.	ts, this date will i	uant to 605.0207 onot be listed as t
the record s) The 90th	specifies a delayed effective date, but not an effective time, at 12: day after the record is filed.	:01 a.m. on t	he earlier of:
Dated	· · · · · · · · · · · · · · · · · · ·		
	ainer Wilcox		1
	Signature of a member or authorized representative of a member Aimee Wilcox	1823 W	A Secretarian
	HIMEE WILCOX Typed or printed name of signee	 	
		ESS #	
	Page 3 of 3	22 1E/	

Filing Fee: \$25.00