## L17000153347

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	Idress)	
(Cit	ty/State/Zip/Phone	e #)
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(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
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A. BUTLER MAR 3 - 2022

## **COVER LETTER**

	gistration Se vision of Cor			•
CUDIFOR		ON PUBLISHERS LLC		•
SUBJECT:	·	Name of Lim	ited Liability Company	<u> </u>
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retur	n all correspo	ndence concerning this matter	to the following:	
		SARAH ARISTH.		
			Name of Person	
			Firm/Company	<del></del>
		510 NE 164 TER		
			Address	
		NORTH MIAMI BEACH,	FL 33162	
			City/State and Zip Code	<del> </del>
		SARAHARISTIL@OUTL		
		E-mail address: (	to be used for future annual report notif	lication)
For further	information c	oncerning this matter, please co	all:	
SARAH AI	RISTIL		305 924-4143 at ( )	
	Name of	Person		e Telephone Number
Enclosed is	a check for th	e following amount:		
\$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)

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

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

SEMICOLON PUBLISHERS LLC

company has been notified in writing of this change.

FILED

2022 FEB 22 AM 10: 38

(Name of the Limited Liability Comp	Liability Company)	OF 30 5 m
·		SECRETARY OF STATE TALLAHASSEE, Fl
The Articles of Organization for this Limited Liability Compan	y were filed on 07/18/2017	and assigned
Florida document number L17000153347		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
ACCOMPANY BRAND MANAGEMENT LLC		
The new name must be distinguishable and contain the words "Limited Lial	oility 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)		
1 michae Office address 12001		
	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
· · · · · · · · · · · · · · · · · ·		ntor the name of the new register
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, en	inter the name of the new register
agent and of the new registered states and the		
News - CNI Designand Agent:		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	
		, Florida
		Zip Code
New Registered Agent's Signature, if changing Registered Ager	<u>ıt:</u>	
I hereby accept the appointment as registered agent and a	gree to act in this capacity.	I further agree to comply with the
provisions of all statutes relative to the proper and comple	te performance of my dutie	es, and I am familiar with and
accept the obligations of my position as registered agent a	s provided for in Chapter (	005, 1'.8. Or, 1J this accument is methat the limited liability
being filed to merely reflect a change in the registered offi	ce address, i hereby conjin	m mai me umited naomiy

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>	<u>Name</u>	Address	Type of Action
			🗆 🖊 dd
			□Remove
			□Change
			□Add
			□Remove
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ffective date, if other than the date of an effective date is listed, the date must be spectote: If the date inserted in this block does occument's effective date on the Department.	citic and cannot be prior to d es not meet the applicable	ate of filing or more than 90 day	
record specifies a delayed effective date, b Lis filed.	but not an effective time,	at 12:01 a.m. on the earlier	of: (b) The 90th day after th
ated	<u></u>		
8	<del>_</del>		
Cianatu	re of a member or authorize	ed representative of a member	

Typed or printed name of signee