Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GASSMAN, CROTTY & DENICOLO, P.A.

Account Number : 075350000514 Phone : (727)442-1200 Fax Number : (727)443-5829

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KM PUBLISHING, L.L.C.		S STATE		
(<u>Name of the Limited Liability Compa</u> (A Florida J.imited I	ny as it now appears on our records.) Jability Company)	and assign		
The Articles of Organization for this Limited Liability Company Florida document number L17000154008	were filed on	and assign		
This amendment is submitted to amend the following:		丑10:1		
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or t	he abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	1245 COURT STREET			
(Principal office address MUST BE A STREET ADDRESS)	CLEARWATER, FL 33756			
Enter new mailing address, if applicable:	1245 COURT STREET			
(Mailing address MAY BE A POST OFFICE BOX)	CLEARWATER, FL 33756			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the	name of the new registers		
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street address			
	Enter Florida street address			
	, Florid	Zip Code		
New Registered Agent's Signature, if changing Registered Agent:		·		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p heing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I provided for in Chapter 605, F.S.	am familiar with and Or, if this document is		
If Chai	nging Registered Agent, Signature of Ne	w Registered Agent		

Audit Fax# 1121000311378 3 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	Michael McEnany	8803 Industrial Drive	
		Tampa, F1. 33637	■Rcmove
			Сһипус
MGR	Kayleigh McEnany Gilmartin	1245 Court Street	⊟ Add
		Clearwater, FL 33756	URemove
			Change
		 	
			\ _Rcmove
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c recor	rd specifies a delayed effec ilod.	tive date, but no	t an effective ti	me, at 12:03 a.m	, on the earlier of:	(b) The 90th day	after the
Dat e d	August 18th		2021	2			
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