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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803

Fax Number : (855)330-1010

\*\*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

Imperial Publishing Company	LLC	
(Name of the Limited I (A.)	Jability Company as it now appears on our records.) Florida Limited Liability Company)	<del></del>
The Articles of Organization for this Limited Liabi	lity Company were filed on 08/26/2020	and assigned
Florida document number L20000265672	·	
This amendment is submitted to amend the followi	ng:	
A. If amending name, enter the new name of th	e limited liability company here:	
		2
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC" or	the appreviation 2 t
Enter new principal offices address, if applicabl	e:	
(Principal office address MUST BE A STREET A	ADDRESS)	
		_ SC ≥ III
		10:5
Enter new mailing address, if applicable:		1-32 OI
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
	to the late of the second of t	antar the name of the name
B. If amending the registered agent and/or registered agent and/or the new registered office		mer the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida street address	
_	Florid	
	City	Zip Code

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>	<u>Name</u>	Address	Type of Action
MGR	MIGUELL MCKENZIE	7901 4TH ST N	
		STE 300	☑ Remove
		ST. PETERSBURG, FL 33702	Change
AMBR	SEAN SANDIFORD	7901 4TH ST N	□ Add
		STE 300	☑ Remove
		ST. PETERSBURG, FL 33702	Change
AMBR	Lindsay Sandiford	7901 4TH ST N	🖸 Add
		STE 300	Remove
		ST. PETERSBURG, FL 33702	ZBRemove ROVChange
AMBR	Hayden Stricklin	7901 4TH ST N	₽ <sub>Add</sub> 「T
		STE 300	O. S. Remove
		ST. PETERSBURG, FL 33702	□ Change
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e record specifies a delaye The 90th day after the re	d effective cord is filed	date, but no i.	t an effecti	ve time, at	12:01 a	.m. on	the ear	lier c
Dated 11/16	<del></del>	2020	·					
D. T	· (							
K. Harris	Signature of a	a member or auth	orized represent	ative of a memb	er			

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