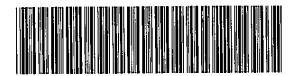
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COVER LETTER ...

	gistration Se rision of Cor			
SUBJECT:	KABER M	EDIA LLC		
30,701,011		Name of Limi	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please returr	ı all correspo	ndence concerning this matter	to the following:	
		KEVIN ABERGEL		
		TAKTIFUL		
			Firm/Company	
		8009 KINGSWOOD WAY	,	
			Address	
		MELBOURNE FL 32940		
			City/State and Zip Code	
		K.ABERGEL@TAKTIFUI	COM to be used for future annual report notifi	Continu
For further in	nformation c	ne-man address: (i oncerning this matter, please ca		(Carlott)
KEVIN ABI	ERGEL.		321 501-5960 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a	a check for th	ne following amount:		
□ \$25.00 I	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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KABER MEDIA		202 VIII	
(Name of the Limited Liability Comps (A Florida Limited	nny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number 1.21000094486	2022 JUN 1 Oc AM 11: 13 ALLIATE SESSIF STATE and FLORIDA		
This amendment is submitted to amend the following:	RIDA ARIDA		
A. If amending name, enter the new name of the limited liab	ility company here:		
TAKTIFUL, LLC			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	8009 KINGSWOOD WAY		
(Principal office address MUST BE A STREET ADDRESS)	MELBOURNE, FL		
	32940		
Enter new mailing address, if applicable:	6300 North Wickham RD		
(Mailing address MAY BE A POST OFFICE BOX)	Suite 130, #676		
	Melbourne, FL 32940		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the na	me of the new registered	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	Florida		
	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>	<u>Address</u>	Type of Action
			□Add
			□Remove
			☐ Change
			□Add
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Effective date, if other tha	in the date of filir	ng:	o date of filing or more	(optiona	il) no \Pursuant tr	s 605 0207
Note: If the date inserted in document's effective date on	this block does not	meet the applica	ble statutory filing re	equirements, this da	te will not be	listed as
e record specifies a delayed e rd is filed.	ffective date, but no	ot an effective tin	ne, at 12:01 a.m. on t	the earlier of: (b)	The 90th day	after the
June 7th Dated		2022	. ()			202
Jane C.		1/1	- V		· · ·	ري د
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	Signature of a	member or author	ized representative of	a member	76 - 6) - 77 - (1) -	1 O' NOC 2202