L21000243764

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Žip/Phone	
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	пе)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



700369805747

07/19/21--01024--004 **25.00



COVER LETTER

TO:	 Registration Sect Division of Corpo 		s *	**
			.4	
SUBJI	ECT:		MEDIA, LLC	
		Name of Lim	ited Liability Company	
The en	nclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
		lence concerning this matter		
		I	KATHRINE CASTILLO	
			Name of Person	
			KXK MEDIA. LLC	
		-	Firm/Company	
		115	86 GOLDEN LAKE LANE	
			Address	
		JAC	TKSONVILLE, FL 32256	
			City/State and Zip Code	
			xKmedia@gmail.com to be used for future annual report not	(fication)
For fui	rther information con	cerning this matter, please ca		
	IRINE CASTILLO		904 755-8770	
	Name of P	erson	at () Area Code Daytin	Telephone Number
Enclos	sed is a check for the	following amount:		
	25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address:	-4:	Street Address:	ation
	Registration Se Division of Cor		Registration Se Division of Co	
	P.O. Box 6327		The Centre of	-

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	KXK MEDI			
(Name of the Limited	Liability Compa Florida Limited I	ny as it now appears liability Company)	on our records.)	
The Articles of Organization for this Limited Liab Florida document number L21000243754		were filed on 5/25	/2021	and assigned
his amendment is submitted to amend the follow	ving:			
a. If amending name, enter the new name of t	he limited liab	ility company her	<u>re</u> :	
he new name must be distinguishable and contain the wor	rds "Limited Liabil	lity Company," the de-	signation "LLC" or the abbre	viation "L.L.C."
nter new principal offices address, if applicable:		11586 GOLDEN	LAKE LANE	·
Principal office address MUST BE A STREET ADDRESS)		JACKSONVILL	E, FL 32256	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		JACKSONVILL		
3. If amending the registered agent and/or registered office address Name of New Registered Agent:	gistered office : <u>here</u> :	address on our re	cords, <u>enter the name</u>	of the new registe
	11586 GOLDEN LAKE LANE			
New Registered Office Address:			da street address	
	JACKSONVIL	.LF.	Florida 3225	6
		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 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

Title	<u>Name</u>	Address	Type of Action
MGR	KATHRINE CASTILLO	11586 GOLDEN LAKE LANE	🗀 Add
		JACKSONVILLE, FL 32256	□Remove
			⊟ Change
			□Remove
			Change
			□Adđ
		□ Remove	
			□ Change
			□Add
			Change
			□Add
			Remove
			Change
			□ Nqq 9

				············
				
				
	· · · · · · · · · · · · · · · · · · ·			
_ -	· · · · · · · · · · · · · · · · · · ·			
Sective date, if other than the neffective date is listed, the date muster: If the date inserted in this blument's effective date on the D	ock does not meet the appli	cable statutory filing requ	(optional) in 90 days after filing.) Pu irrements, this date wil	rsuant to 605.020 not be listed as
ecord specifies a delayed effectivis filed.	re date, but not an effective	time, at 12:01 a.m. on the	earlier of: (b) The 9	Oth day after the
. JULY 9TH	2021			11 11
e s.ml	·	·		62 1
içu				
ted	X C			<u></u> ; O
<u> </u>	Memature of a member or aut	horized representative of a n	iember	

Filing Fee: \$25.00