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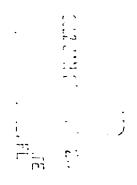


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## **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

Divisi	on of Cor	porations		
CHE IPOT	Karma	ack Publications LLC	•	
SUBJECT:	Name of Limited Liability Company			
The enclosed A	rticles of	Amendment and fee(s) are sub	omitted for filing.	
Please return al	l correspo	ondence concerning this matter	to the following:	
		Robert Martichenko		
			Name of Person	<del></del> -
		Trail Paths LLC		
		<del></del>	Firm/Company	<del></del>
		5409 Azure Way		
			Address	
	Sarasota, Florida 34242-1801			
			City/State and Zip Code	
		robert@trailpaths.com		
		E-mail address: (	to be used for future annual report notif	fication)
For further info	rmation c	oncerning this matter, please c	all;	
Robert Martich	ienko		859 866-1179	
	Name o	f Person	at () Area Code Daytime	e Telephone Number
Enclosed is a ch	neck for th	ne following amount:		
□ \$25.00 Fili	ng 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)
	g Addres tration S		Street Address: Registration Sec	ction
Divis	ion of C	orporations	Division of Cor	
P.O. 1	Box 632	7	The Centre of T	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Karı	mack Publications LLC		4.1
( <u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears rida Limited Liability Company)	on our records.)	TE
The Articles of Organization for this Limited Liability Florida document number	y Company were filed on May	y 27, 2021	and assigned
This amendment is submitted to amend the following	:		
A. If amending name, enter the new name of the l	imited liability company her	<u>·e</u> :	
Trail	Paths LLC		
The new name must be distinguishable and contain the words "l	Limited Liability Company," the de-	signation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET AD	DRESS)		
7,00			
			·
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
	<del> </del>		
B. If amending the registered agent and/or registe agent and/or the new registered office address her		cords, <u>enter the na</u>	me of the new regist
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florid	la 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>	Address	Type of Action
MGR	Robert Martichenko	5409 Azure Way	🗆 Add
		Sarasota FL 34242-1801	□ Remove
			<b>≘</b> Change
			□Add
			□Remove
			□Change
		<del></del>	□Add
		<del></del>	□Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			☐Change
			□Remove
			□Change

-	
(If an effecti Note: If t	date, if other than the date of filing:
he record spord is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	anuary 19 2022
	Signature of a member of authorized representative of a member
	Robert Martichenko
	Typed or printed name of signee

Filing Fee: \$25.00