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CUVER LETTER

TO: Registration Se Division of Cor		· ·	•
	t - KCB, LLC		* *
SUBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Joseph Buckheit		. 27
		Name of Person	· · · · · · · · · · · · · · · · · · ·
	MediaBrains Inc.		
		Firm/Company	
	9015 Strada Stell Ct, Ste 2	203	·
	-	Address	
	Naples, FL 34109		
		City/State and Zip Code	
	Lisa.Donnachie@mediabra	ins.com	
	E-mail address: (	to be used for future annual report not	ification)
For further information of	oncerning this matter, please c	all:	
Lisa Donnachie		239 594-3210 at ( )	
Name o	f Person		ne Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration		Street Address: Registration Se	ection
Division of C		Division of Co	
P.O. Box 632	27	The Centre of	l'allahassee
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

## Doc Sign En elo e ID: 900147AD-C396-473A-AF58-873B3EB475F6 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

581 11th St - KCB, LLC.				
(Name of the Limited Liability Comp (A Florida Limited	oany as it now appears on our records I Liability Company)	<del>)</del>		
The Articles of Organization for this Limited Liability Compan Florida document number L22000177642	y were filed on 04/13/2022	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	bility company here:			
360 12th St, LLC.		<u> </u>		
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC"	or the abbreviation "Lil.C."		
Enter new principal offices address, if applicable:		(= 1		
(Principal office address MUST BE A STREET ADDRESS)		.,		
		:		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, <u>enter t</u>	he name of the new registere		
New Registered Office Address:				
	Enter Florida street address			
		rida		
New Registered Agent's Signature, if changing Registered Agent	City <u>t:</u>	zip Code		
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	e performance of my duties, and provided for in Chapter 605, F	d I am familiar with and F.S. Or, if this document is		

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
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m effe <u>ote:</u>	ive date, if other the ective date is listed, the If the date inserted in ent's effective date o	date must be specific ar a this block does not	nd cannot be prior to I meet the applicab	date of filing or more th		e.) Pursuant to 605	
ecoro is fil	d specifies a delayed led.	effective date, but no	ot an effective time	e, at 12.01 a.m. on th	e earlier of: (b) T	he 90th day afte	r the
	7/22/2022	DocuSigned by:	-·				
nied .		,					
ated <sub>.</sub>	7/22/2022	901a		red representative of a	member		

Filing Fee: \$25.00