## L22000219749

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## **COVER LETTER**

## **Division of Corporations** Kontent Management Company SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Kristin Cromwell Name of Person Kontent Management Company, LLC Firm/Company 2436 VAN BUREN STAPT 5 Address HOLLYWOOD, FL 33020 City/State and Zip Code kontentmgmtco@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Patrick Cromwell 716-5989 Name of Person Daytime Telephone Number Enclosed is a check for the following amount: □ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ■ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:

Registration Section

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2024 0 1, 29 F11 5: 24

( <u>Name of the Limited Liability Cor</u> (A Florida Limit	npany as it now appears or ed Liability Company)	our records.)
The Articles of Organization for this Limited Liability Comparing the Indian document number 1.22000219749	any were filed on May 1	10, 2022 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited I	iability company here:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office and/or the new registered office address here:	ce address on our reco	rds, <u>enter the name of the new registe</u>
Name of New Registered Agent:		<del></del>
New Registered Office Address:		
-	Enter Florida :	street address
<del></del>		Florida
	City	Zıp Code
New Registered Agent's Signature, if changing Registered Age		
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent of being filed to merely reflect a change in the registered off company has been notified in writing of this change.	ete performance of my as provided for in Cha <sub>l</sub>	duties, and I am familiar with and pter 605, 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
MGR	Patrick Cromwell	2436 VAN BUREN ST APT 5	
		HOLLYWOOD, FL33020	
			□Change
			□Remove
		<del></del>	□Change
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Filing Fee: \$25.00