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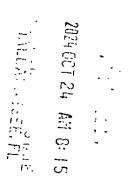
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COVER LETTER

SUBJECT:	NK MEDIA LLC				
Name of Limited Liability Company					
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspon	ndence concerning this matter	to the following:			
	THOMAS COMERFORD	•			
		Name of Person			
	LOCAL LINK MEDIA LI	i.C			
		Firm/Company			
	2178 ORANGE BRANCE	ITRL			
		Address			
	SAINT JOHNS, FL 32259				
		City/State and Zip Code			
	tom.comerford@n2co.com				
	E-mail address: (to be used for future annual report notific	ation)		
For further information co	ncerning this matter, please ca	all:			
THOMAS COMERFORI)	847 648-1970 at ()			
Name of	Person		l'elephone Number		
Enclosed is a check for the	e following amount:				
□ \$25,00 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)		

Registration Section

TO:

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

Street Address:
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**

Local Link Media LLC	
(<u>Name of the Limited L</u> (A F	iability Company as it now appears on our records.) Torida Limited Liability Company)
The Articles of Organization for this Limited Liabil Florida document number 1.24000151831	lity Company were filed on March 29, 2024 and assigned
This amendment is submitted to amend the following	ng:
A. If amending name, enter the new name of the	limited liability company here:
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	<u> </u>
Principal office address MUST BE A STREET A	DDRESS)
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX	<u> </u>
B. If amending the registered agent and/or regis	stered office address on our records, <u>enter the name of the new register</u> ere:
Name of New Registered Agent:	
Name of New Registered Agent: New Registered Office Address:	Enter Florida street address
	Enter Florida street address Florida

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	MARY WALSH	2178 ORANGE BRANCH TRL	≣ Add
		SAINT JOHNS, FL 32259	□Remove
			Change
			Петюче
			□Change
			
			□Renюve
			□ Change
			□Add
			□Remove
			
			□Add
			□ Renюve
		 	☐ Change
			□Add
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(If an effi Note:	ve date, if other than the date of filing:
he record ord is fil	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
D-4-1	OCTOBER 18 2024
Dated	
	Hunus Concepted
	Signature of a member of authorized representative of a member