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P.O. Box 6327

Tallahassee, FL 32314

COVER LETTER

	tion Section of Corporations			
	THE PINK UNICORNS AGENCY I	.LC		
SUBJECT:	Name of Lin	Name of Limited Liability Company		
The enclosed Arti	cles of Amendment and fec(s) are sub	mitted for filing.		
	orrespondence concerning this matter	-		
	Mike Town			
		Name of Person		
	Legalzoom.com, Inc			
		Fim/Company		
	9900 Spectrum Dr			
		Address	ETARS	
	Austin, TX 78717		24. 24. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	
	darimk 1985@gmail.com	City/State and Zip Code	SECRETARY OF STATE	
	E-mail address; (to be used for future annual report notific		
For further intern	ation concerning this matter, please c	aD:		
Mike Town		800 773-0888 at ()		
	Name of Person	Area Code Daytime T	Telephone Number	
Enclosed is a chec	k for the following amount:			
□ \$25,00 Filing	Fee ☐ \$30 00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (auditional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	MAILING ADDRESS: Registration Section Division of Corporations	STREET/COURIED Registration Section Division of Corporati		

Cliffon Building

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT T() ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compan (A Florida Limited L.	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company vi Florida document number L24000279288	vere filed on 06/19/2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
KPL Digital Marketing Group LLC	my company octe.	
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
THE PART OFFICE BUREAU WORLD SEE TO THE ESTABLISHED SE		2024 JUL
Enter new mailing address, if applicable:		25 ASS
(Mailing address MAY BE A POST OFFICE BOX)		
IMMINING BEHILDS MAT BE ATOST OFFICE BOX		
		8171E - LORID
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	fice address on our records, <u>en</u> :	ter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	Z:p Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		

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

_□ 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:

13236068205

MGR = N $AMBR = A$	lanager outhorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			☐ Remove
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(H an el <u>Note:</u>	tive date, if other than the date of filing:	to 605.0 be listed	207 (3)(b' as the)
uocui	The content of the partition of the content of the			
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the 90th day after the record is filed.	earlier	of:	
Dated	July 19 2024			
	Signature of a member or authorized representative of a member			
	Dorian Christian Kobetitsch Typed or printed name of signee			

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