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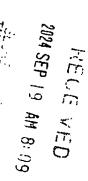
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COVER LETTER

	vision of Cor						
SUBJECT:	KEEPING IT REAL NO POS MEDIA, LLC						
oobuic.			Name of Limi	ited Liability Comp	any		
The enclose	ed Articles of	Amendment an	id fec(s) are sub-	mitted for filing.			
				to the following:			
		ISAAC	Burgos				
			 	Name of Per	rson	· · · · ·	
		•	KEEPIN	g IT REAL	No Bs	MENIA	Usa
		1418 SW 4		Firn√Compa	any		
Address							
		CAPE CO	RAL, FL 33914				
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				APECORAL.COM			_
For further	information c		matter, please ca		annuai repor	t notification)	
ISAAC BU	JRGOS			239	440-198	81	
	Name o	f Person		at (Area Co	ode Da	ytime Telephone	Number
Enclosed is	a check for th	ne following an	iount:				
□ \$25.00	Filing Fee	■ \$30.00 Fr Certifie	iling Fee & ate of Status	S55.00 Filir Certified C tadditional ce		C:	0.00 Filing Fee, ertificate of Status & ertified Copy diditional copy is enclosed)
	alling Addres				reet Addres		
Registration Section Division of Corporations			Registration Section Division of Corporations				
	O. Box 632 Ilahassee, F			Т	he Centre (of Tallahassee	
ıa	manassee, I	17 27214		24	415 N. Ma	nroe Street S	uita 91A

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

KEEPING IT REAL NO POS MEDIA, LLC

(Name of the Limited Liability Company as it now appears on our records) EP 19 AH 8: 10

The Articles of Organization for this Limited Liability Company	were filed on 09/13/2	SECRETALL OF STATE 024 TALLAHASSES TOTAL
Florida document number L24000399814		wister underpargned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
KEEPING IT REAL NO BS MEDIA, LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	Sanie	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	SME	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our record	is, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida str	eet address
		, Florida
N. D. L.	Ciŋ:	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre	ee to act in this capac	city. 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

Title	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
		· · · · · · · · · · · · · · · · · · ·	□Change
		·	□Add
			□Remove
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			□ Change
			□Add
			🗀 Remove
			□ Change

. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.) AMENDING NAME
Fffee	09/18/2024
(If an c Note:	ffective date, if other than the date of filing: (optional) ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3): If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
the reco	ord 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 filed.
Dated	SEPTEMBER 18 2024
	Signature of a member or anthorized representative of a member
	ISAAC BURGOS
	Typed or printed name of signee

Filing Fee: \$25.00