

MO9000000204

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

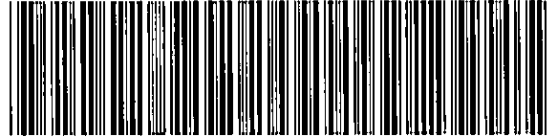
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700379331927

01/25/22--01003--008 **55.00

FILED

2022 JAN 25 PM 1:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

2022 JAN 25 PM 12:08

STATE
TALLAHASSEE, FLORIDA

LLC
N/C

JAN 31 2022

D CONNELL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 26, 2022

CORPORATE ACCESS, INC.

SUBJECT: ALM MEDIA, LLC
Ref. Number: M09000000204

Corrected

We have received your document and check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

THE CERTIFICATE FROM THE STATE OF DELAWARE MUST INCLUDE BOTH THE OLD AND NEW NAME OF THE LLC AND THE DATE IT WAS CHANGED THERE.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell
Regulatory Specialist II Supervisor

Letter Number: 922A00002077

RECEIVED
2022 JAN 28 PM 12:13
TALLAHASSEE, FLORIDA

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

55

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: 1/25 Glinda

- xx** **CERTIFIED COPY** _____
- ☐ **PHOTOCOPY** _____
- ☐ **CUS** _____
- xx** **FILING** **FOREIGN LLC AMEND** _____

1. **ALM MEDIA, LLC**
 (CORPORATE NAME AND DOCUMENT #) _____
2. _____
 (CORPORATE NAME AND DOCUMENT #) _____
3. _____
 (CORPORATE NAME AND DOCUMENT #) _____
4. _____
 (CORPORATE NAME AND DOCUMENT #) _____
5. _____
 (CORPORATE NAME AND DOCUMENT #) _____
6. _____
 (CORPORATE NAME AND DOCUMENT #) _____

SPECIAL INSTRUCTIONS: _____

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of
State: ALM Media, LLC

Enter new principal office address, if applicable: _____

(Principal office address
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: _____

(Mailing address
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M09000000204

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 1/15/2009

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: ALM Global, LLC
(must contain "Limited Liability Company," "L.L.C." or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

_____, Florida

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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.

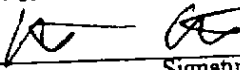
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



Signature of the authorized representative

William Carter

Typed or printed name of signer

Filing Fee: \$25.00

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THAT THE SAID "ALM MEDIA, LLC",
FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "ALM
GLOBAL, LLC" ON THE FIFTEENTH DAY OF DECEMBER, A.D. 2021, AT
9:13 O'CLOCK A.M.




Jeffrey W. Bullock, Secretary of State

2824786 8320
SR# 20220236562

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202477552
Date: 01-25-22