oride Department of State ectronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000191174 3)))



H230001911743ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

_		
┰∽	٠	
1 4 2		

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803

Fax Number : (855)330-1010

*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MARKET MAKEHER PODCAST LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

T. LEMIEUX

Help MAY 2 5 2023 Electronic Filing Menu Corporate Filing Menu

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MARKET MAKEHER PODCAST LLC	•	, sa	
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)		
The Articles of Organization for this Limited Liability Co	ompany were filed on 04/17/2023	and as	signed
Florida document number L23000189604			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ted liability company here:		
Market MakeHer LLC			
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" or the ab	breviation "l	L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRI	ESS)		
Enter new mailing address, if applicable:		·	
Mailing address MAY BE A POST OFFICE BOX)			
	ت	-	-
3. If amending the registered agent and/or registered	office address on our records, enter the nam	e of the ne	w registere
gent and/or the new registered office address here:			<u>र</u>
		t>	< এ
Name of New Registered Agent:			
New Registered Office Address:			Z (-
	Enter Florida street address		<u>.</u>
	, Florida	. c	
	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 amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being added or removed from our records:</u>

MGR = Manager AMBR = Authorized Member

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

). If amending any other inf	formation, enter change(s) here: (Attach additional sheets, if necessary.)	
		
		·· ·····
	UI AAN AAN AAN AAN AAN AAN AAN AAN AAN AA	
		
Note: If the date inserted in	an the date of filing:	
the record specifies a delayed e cord is filed.	effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day a	after the
Dated May 24	. 2023	
	Signature of a member or althorized representative of a member	-
	Nat Smith	_
	Typed or printed name of signee	

Filing Fee: \$25.00