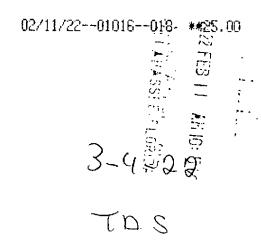
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COVER LETTER

Div	ision of Corp	porations		
SUBJECT:	STRIVE ME	EDIA INNOVATIONS, LLC		
SUBJECT		Name of Limi	ted Liability Company	
The enclosed	d Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		Dayne Ford		
			Name of Person	
		STRIVE MEDIA		
			Firm/Company	
		5254 Station Way		
			Address	
		Sarasota, FL 34233		
			City/State and Zip Code	
		Dayne@strivemedia.com		
		E-mail address: (1	to be used for future annual report notif	ication)
For further in	nformation co	oncerning this matter, please ca	all:	
Dayne Ford			941 4006250 at ()	
	Name of	Person	Area Code Daytime	: Telephone Number
Enclosed is a	a check for th	e following amount:		
≡ \$25.00 B	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)
	iling Address gistration S		<u>Street Address:</u> Registration Sec	ction

Division of Corporations P.O. Box 6327

TO:

Registration Section

Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

STRIVE MEDIA INNOVATIONS, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{08/01/2008}{1}$ and assigned Florida document number L08000074157 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: STRIVE MEDIA, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "In the contain the words "Limited Liability Company," the designation "LLC" or the abbreviation of the contain the words "Limited Liability Company," the designation "LLC" or the abbreviation of the contain the words "Limited Liability Company," the designation "LLC" or the abbreviation of the contain the words "Limited Liability Company," the designation "LLC" or the abbreviation of the contain the words "Limited Liability Company," the designation "LLC" or the abbreviation of the contain the words "Limited Liability Company," the designation "LLC" or the abbreviation of the contain the words "Limited Liability Company," the designation of the contain the words "Limited Liability Company," the designation of the contain the contain the words "Limited Liability Company," the contain the c Enter new principal offices 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) B. If amending the registered agent and/or registered office 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

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, 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
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			□Remove
			□Change
			□Add
			☐Remove
			□ Change \
			☐ CA ☐ CRemove
			Change
			□Add
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ective date, if other than the	e date of filing:	date of filing or more than 90	(optional)	unt to 605 020
te: If the date inserted in this b	lock does not meet the applicable	e statutory filing requirer	nents, this date will no	ot be listed a
cument's effective date on the I	Department of State's records.			
and annifice a delegad affecti	ve date, but not an effective time	at 17:01 am on the ear	lier of (h). The 90th	day after th
s filed.	ve date, but not all effective time	, at 12.01 a.iii. Oil the cal	ner or. (b) The sour	day arici ur
February I ted	. 2022			
	T 1			
Dayne	Signature of a member or authorize	ed representative of a mem	oer	

Filing Fee: \$25.00