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Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956 Fax: 850.656.7953

www.Incserv.com

e-mail: accounting@incserv.com

ORDER FORM

TO Florida Department of State

> Division of Corporations, Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 corphelp@dos.myflorida.com

850-245-6051

FROM

Melissa Stops

mstops@incserv.com

850.656.7953

REQUEST DATE 5/10/2019

PRIORITY Routine

OUR REF # (Order ID#) 741665

ORDER ENTITY

MAJOR WRESTLING FIGURE PODCAST LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

File the attached amendment

Please provide a certified copy as evidence.

NOTES:

\$55.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Friday, May 10, 2019 Page 1 of 1

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OWNERS BYOTHOUSE BODOLOG ILLO

WKESTLING FIGU.	RE PODCAST, LLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company	were filed on April 25, 2019	and assigned	
Florida document number L19000113356			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
MAJOR WRESTLING FIGURE PODCAST LLC			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbr	eviation "L.L.C."	_
Enter new principal offices address, if applicable:			
•		20	_
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>	
		- 11 - 1	_ ≥
Enter new mailing address, if applicable:			_550
(Mailing address MAY BE A POST OF FICE BOX)			
		و کی	Ć.
		~ ~	_
B. If amending the registered agent and/or registered o			new
registered agent and/or the new registered office address her	<u>re</u> :		
Name of New Registered Agent:			_
New Registered Office Address:	0		_
	Enter Florida street address		
	, Florida	Zin Code	
	Cito	Zin 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

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 Type of Action <u>Address</u> Title Name . □ Add ☐ Remove ☐ Change DbA 🖸 _□ Remove __ Change Remove Change Db∧⊡ _□ Remove ☐ Change _□ Remove ☐ Change Db∧□ ☐ Remove

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record specifies a delaye The 90th day after the rec		ate, but no	ot an eff	ective tir	ne, at 12	:01 a.m.	on the ea	rlier o	f:
ted May 8,		2019							
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00