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(((H20000395876 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SHUMAKER, LOOP & KENDRICK LLP

Account Number : 075500004387 : (813)229-7600 Phone

: (813)229-1660 Fax Number

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

Email Address: __jfeller@shumaker.com

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	n Wrestling Figure				
(Name of the Limit	d Liebiity Compa A Florida Limited L	ny as it now appears on our records.) ability Company)	-		
ne Articles of Organization for this Limited Liability Company were filed on April 25, 2019 and assigned orida document number L19000113356					
This amendment is submitted to amend the folk	owing:				
A. If amending name, enter the new pame of	the limited liab	lijty company here:			
The new name must be distinguishable and contain the w	ords "Limited Liabil	ity Company," the designation "LLC" or th	e abbreviation "	LLC."	
Enter new principal offices address, if applicable:		1000 Jackson Street			
(Principal office address MUST BE A STREE		Toledo, Ohio 43604			_ _
Enter new mailing address, if applicable:		1000 Jackson Street			
(Mailing address MAY BE A POST OFFICE	BOX)	Toledo, Ohio 43604			
B. If amending the registered agent and/or	registered office	address on our records, enter the	name of the	A 1 62.02	eletered
agent and/or the new registered office addre	in here :		(n. ().	91	1
Name of New Registered Agent:	Michael E. Do	ckins		22	
New Registered Office Address:	101 East Konn	edy Boulevard, Suite 2800		(<u>,)</u>	
	т	Enter Florida street address	33602-5151	1	
	Тытра	City Florid	Ztp Co		
		•			

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.

Af Changing Registered Agent, Signature of New Registered Agent

H20000395876 3

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	Name	Address	Type of Action
AMBR	Matthew Cardona	1000 Jackson Street	□ Add
		Tolodo, Ohio 43604	CRemove
			Change
AMBR	Brian Myers	1000 Jankson Street	
		Toledo, Ohio 43604	□Remove
			= Change
			□Remove
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Effective date, if other than the date of filing:			h additional sheets, if necessary.)	·
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