

Florida Department of State
Division of Corporations
Electronic 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.

((H20000395876 3)))



H200003958763ABC7

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

To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : SHUMAKER, LOOP & KENDRICK LLP
Account Number : 075500004387
Phone : (813)229-7600
Fax Number : (813)229-1660

****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

RECEIVED

2020 NOV 16 PM 2:38

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MAJOR WRESTLING FIGURE PODCAST LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help
NOV

H20000395876 3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Major Wrestling Figure Podcast 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 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 Liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1000 Jackson Street

Toledo, Ohio 43604

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1000 Jackson Street

Toledo, Ohio 43604

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:

Michael E. Dockins

New Registered Office Address:

101 East Kennedy Boulevard, Suite 2800

Enter Florida street address

Tampa

Florida

33602-5151

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)

H20000395876 3

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Matthew Cardona	1000 Jackson Street	<input type="checkbox"/> Add
		Toledo, Ohio 43604	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Brian Myers	1000 Jackson Street	<input type="checkbox"/> Add
		Toledo, Ohio 43604	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

H20000395876 3

H20000395876 3

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

[illegible]


E. Effective date, if other than the date of filing: _____ (optional)

Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) if an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing. If the date is not specific, this date will not be listed as the effective date.

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated November 16, 2020


Signature of a member or authorized representative of a member

Michael E. Dockins, Authorized Representative

Typed or printed name of signer

Filing Fee: \$25.00

H20000395876 3