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(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
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(Bu	isiness Entity Nan	ne)
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(Dc	ocument Number)	
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LLC N/C Amend



COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Natalia EC	arle Empowerment LC ame of Limited Liability Company
The enclosed Articles of Amendment and fee	(s) are submitted for filing.
Please return all correspondence concerning t	his matter to the following:
Na	talia Earle Name of Person
Natalia	Earle Empowerment UC Firm/Company
1500	NE Miami PL # 1402
miar	ni, FL 33132 City/State and Zip Code
_natalia E-ma	il address: (to be used for future annual report notification)
For further information concerning this matter	r, please call:
Natalia Earle Name of Person	at (305) 310 - 7327 Area Code Daytime Telephone Number
Enclosed is a check for the following amount	:
\$\$ \$25.00 Filing Fee	
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
1.Q. DUA 0.747	the Centre of Fanaliassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u>Natalia Earle</u>	Empowerment LLC	
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab	ility Company were filed on <u>05104120</u> 0662	and assigned
This amendment is submitted to amend the follow	ing:	ES E
A. If amending name, enter the new name of th	ne limited liability company here:	
Bucklelle Podcast LI	ls "Limited Liability Company," the designation "LLC" or the	5 5
The new name must be distinguishable and contain the word	is Limited Liability Company, the designation LLC of it	ic abortaviation \$2.C.
Enter new principal offices address, if applicab	le:	7.0.0
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u> </u>	
B. If amending the registered agent and/or reging agent and/or the new registered office address by	istered office address on our records, <u>enter the r</u> here:	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	Zip Code
	City	zap com

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	Membe

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

	any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Ne	w Company Name:
	w Company Name: uckleUp Podcast LLC
-	
	
	
<u></u>	
Note: If the da	e, if other than the date of filing: 0410323 (optional) te 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) ate inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the fective date on the Department of State's records.
the record specificord is filed.	ies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	April 03. 2023.
	Signature of a member or authorized representative of a member
	Natalia Earle Typed or printed name of signee