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Special Instructions to Filing Officer:

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COVER LETTER

TO:

Registration Section Division of Corporations

CFA Med SUBJECT:	ia Group LLC			
30b)ECT.	Name of Li	mited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing		
	ondence concerning this matte	_		
	Michael Toby			
		Name of Person		
CFA Media Group LLC				
		Firm/Company		
	5681 NW 40th Terrace			
		Address		
	Coconut Creek, Florida 33	3073		
		City/State and Zip Code		
	mtoby@mindfreemedia.co			
	E-mail address:	(to be used for future annual report not	tification)	
For further information of	concerning this matter, please of	call:		
Michael Toby		646 431-7573		
Name of Person			ne Telephone Number	
Enclosed is a check for the	ne following amount:			
■ \$25.00 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)	
Mailing Address Registration S Division of C P.O. Box 632	Section orporations	Street Address: Registration Se Division of Cor The Centre of T	rporations	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CFA Media Group LLC		
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our recor a Limited Liability Company)	<u>'ds.</u>)
The Articles of Organization for this Limited Liability (Company were filed on 03/08/2021	and assigned
Florida document number 1.21(000110244	<u></u> .	
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
Mind Free Media LLC		
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		1021 t
<u>Principal office address MUST BE A STREET ADDR</u>	(ESS)	NA
		ω
		PH · · ·
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	-	6.7 to
3. If amending the registered agent and/or registered	l office address on our records, <u>enter</u>	the name of the new regist
gent and/or the new registered office address here:		
Name of St. 18		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres.	3
		orida
	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 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>	Name	<u>Address</u>	Type of Action
			□Add
			□ Remove
			□Change
			□Add
			22 Remove
		 	201 Remove
			□Remove
			☐ Change
			□Add
			□Remove
			□Change
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			□Remove
			□ Change

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