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COVER LETTER

TO:

Registration Section

Divi	ision of Cor	porations	•		
	MYOSIN F	FINANCIAL MEDIA, LLC		•	
SUBJECT:	 -	Name of Lim	ited Liability Company		
		Amendment and fee(s) are sub			
		CHAD DOHER			
			Name of Person		
		MYOSIN FINANCIAL M	EDIA, LLC		
			Firm/Company		
		1100 BRICKELL BAY D	RIVE, UNIT 83H	<u>C:</u>	<i>a</i>
			Address		QĐ
		MIAMI, FL 33131		<u></u>	- . ,
		CCDOHER@GMAIL.COM	City/State and Zip Code		- :
			to be used for future annual report notifi		1.7
For further in	formation co	oncerning this matter, please co	alt:	=	フ
CHAD DOH	IER		352 239-3310	24	\sim
	Name of	Person	Area Code Daytime	Telephone Number	
Enclosed is a	check for th	e following amount:			
■ \$25.00 F	iling 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)	
Reg Div		Section orporations	Street Address: Registration Sec Division of Corp	orations	
	. Box 632 lahassee, F		The Centre of Ta 2415 N. Monroe	illahassee Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MYOSIN FINANCIAL MEDIA, 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 6/25/2021 and assigned Florida document number L21000295443 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 "LLC." 1100 BRICKELL BAY DRIVE Enter new principal offices address, if applicable: **UNIT 83H** (Principal office address MUST BE A STREET ADDRESS) MIAMI, FL 33131 1100 BRICKELL BAY DRIVE Enter new mailing address, if applicable: UNIT 83H (Mailing address MAY BE A POST OFFICE BOX) MIAMI, FL 33131 (0)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: New Registered Office Address: Enter Florida street address Florida

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
			□Add
			□ Remove
			□ Change
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ffective date, if other than the date of filing an effective date is listed, the date must be specific an ote: If the date inserted in this block does not occument's effective date on the Department of	d cannot be prior to date of meet the applicable statu	filing or more than 90 days	optional) after filing.) Purs s, this date will	suant to 605.020
record specifies a delayed effective date, but no is filed.	t an effective time, at 12	t:01 a.m. on the earlier of	of: (b) The 90t	h day after the
JULY 6TH ated	2021			
atCu	,			
	member or authorized repr			

Filing Fee: \$25.00