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(Cit	ty/State/Zip/Phone	: #)
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COVER LETTER

TO:

Fitness	s Cynics LLC		
SUBJECT:	Name of L	imited Liability Company	
The enclosed Article	Division of Corporations Fitness Cynics LLC		
Please return all corr	Fitness Cynics LLC Name of Limited Liability Company seed Articles of Amendment and feets) are submitted for filing. urn all correspondence concerning this matter to the following: Kelsey		
	Kelsey		
		Name of Person	□ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	ZenBusiness Inc		
		Firm/Company	
	5511 Parkerest Dr., STE	E 103	
		Address	
	Austin, TX 78731		
	-	City/State and Zip Code	
	E-mail address	s: (to be used for future annual report notification)	
For further informat	ion concerning this matter, please	e call:	
Kelsey c/o ZenBusi	ness Inc		
No	anic of Person		Number
Enclosed is a check	for the following amount:		
■ \$25.00 Filing Fe		Certified Copy C (additional copy is enclosed)	ertificate of Status & ertified Copy
_		-	
P.O. Box	6327	The Centre of Tallahasse	
Fallahass	ee. FL 32314	2415 N. Monroe Street, S	ouite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Fitness Cynics LLC		
(Name of the Limited Liability Cor (A Florida Limit	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Compa	any were filed on 2-11-2022	and assigned
Florida document number 1.22(000071180		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited I	iability company here:	
Media Cynics LLC		
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	<u> </u>	
		023 SE:
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		SY Fin
ording duaress MAT BE A FOST OFFICE BOAT		117-111 -
		<u> </u>
3. If amending the registered agent and/or registered offic	re address on our records, enter th	
gent and/or the new registered office address here:	et address on our records, enter th	te tianic of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flor	ida
	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

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	Address	Type of Action
			□Add
			□Remove
			[]]Change
			⊡Add
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ffective date, if other than the data methective date is listed, the date must be some. If the date inserted in this block ocument's effective date on the Department.	e specific and cannot be prick does not meet the appli	cable statutory filing re	(optional) than 90 days after filing.) Pursuar quirements, this date will not	nt to 605,0207 (be listed as t
record specifies a delayed effective d Lis filed.	late, but not an effective	time, at 12:01 a.m. on t	he earlier of: (b) The 90th d	ay after the
ated	. 2022	·		
/s/ William Baker				
Si	gnature of a member or aut	norized representative of a	member	

Filing Fee: \$25.00