L22000127805

(Red	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Do-	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer:	

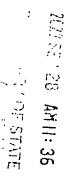
Office Use Only

A. RIVERS
DEC 2 0 2022



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COVER LETTER

TO: Registration Division of C	n Section Corporations		
SUBJECT:		ZIVIA LLC ted Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	nitted for filing.	
Please return all corre	espondence concerning this matter t	to the following:	
	<u>Miente</u>	AEL PAZKEIZ Name of Person	
	THROWB	ACK TRIVIA CC Firm/Company	
	331	CLEVE CAND S	x. #704
	CLEARW!	ATEZ FL 33 City/State and Zip Code	755
	E-mil address: (i	e 72 EMAC. COM to be used for future annual report notifie	cation)
For further information	on concerning this matter, please ca	all:	
- MrcH	HEL PARKER	at (727) 422-	-2242
Nar	ne of Person	Area Code Daytime	Telephone Number
Enclosed is a check for	or the following amount:		
□ \$25.00 Filing Fee	e S30.00 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 Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

IHZOWBACK IZIVIA 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 3/14/22 and assigned Florida document number <u>L22.000/27805</u> .
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here: THISOUBACK NETWORK LLC 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)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
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: MTCHASEL HARKER
New Registered Office Address: 331 CLEVE (AU) St # 704 (5)
CLEARZWATER Florida 53.7555 City Zipt Gode 5
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>	<u>Name</u>	Address	Type of Action
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
			□Add
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			□ Change
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			□Remove
			□Change
			🗆 Add
			□Remove
			□ Change

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<u>te:</u> If	e date, if other than the date of filing: 9-20-200 (optional) ive 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 605.020 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed at it's effective date on the Department of State's records.
cord s s filed	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
ed	9-22 2022
	Signature of a marshay at a second se
	Signature of a member or authorized representative of a member
	MICHAEL JARKER

ETP. E 635 00