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(Re	equestor's Name)	
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(Ci	ty/State/Zip/Phone	#)
PICK-UP	MAIT	MAIL
(Bı	usiness Entity Name	e)
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO:

TO: Registration Se Division of Cor					
	ocates, LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Johnny Wilson				
		Name of Person			
	Brand Advocates, LLC				
		Firm/Company			
	1257 Harbour Point Road				
		Address			
	Port Orange, FL 32127				
		City/State and Zip Code			
	j_wilson276@yahoo.com				
		to be used for future annual report no	offication)		
For further information e	oncerning this matter, please c	all:			
Johnny Wilson		407 529-8737 at ()			
Name o	f Person	Area Code Dayti	me 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)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addres		Street Address: Revistration S	ection		
Registration Section Division of Corporations			Registration Section Division of Corporations		
P.O. Box 632	7	The Centre of			
Tallahassee, l	FL 32314	2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Brand Advocates, 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 $\frac{5/20/2022}{}$ and assigned Florida document number ______L22000235781 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Mud Creative Agency, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation 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: New Registered Office Address: Enter Florida street address City

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
			Change
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Effective date, if other than the fan effective date is listed, the date mented in this between the date inserted in this between the date.	e date of filin ust be specific an block does not	g: d cannot be prior (meet the applica	to date of filing or m	ore than 90 days after g requirements, this	nal) filing.) Pursuant to 605.0207 date will not be listed as
document's effective date on the l			•	- ,	
e record specifies a delayed effect rd is filed.	ve date, but no	t an effective tir	ne, at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
Dated April 7th		. 2023	_·		
_	. 10				
-JCKU				of a member	

Filing Fee: \$25.00