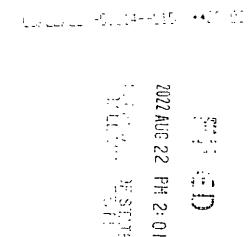
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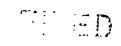
IO:	Registration Sec Division of Corp	tion orations	,	
SUBJI	ECT:	Name of Limite	ed Liability Company	
		Cynthia Davies		
			Limited Liability Company submitted for filing. tter to the following: Name of Person L.C Firm/Company 1 Suite E6 Address 43 City/State and Zip Code .com ess: (to be used for future annual report notification) ase call:	
		Name of Limited Liability Company s of Amendment and fee(s) are submitted for filing. espondence concerning this matter to the following: Cynthia Davies Name of Person CINDY'S FLORIDA LLC Firm/Company 8051 N. Tamiami Trail Suite E6 Address Sarasota F1. 34243 City/State and Zip Code cindy@cindysfloridallc.com E-mail address: (to be used for future annual report notification) ion concerning this matter, please call: at (Area Code		
			Firm/Company	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
		8051 N. Tamiami Trail Suit	е Е6	
			Address	
		Sarasota FL 34243		
		cindy@cindysfloridallc.com	o be used for future annual report notifica	ation)
For fu	rther information o			
	ia Davies		727 300-0042	
		f Person	at () Area Code Daytime T	felephone Number
		6.0		
			C \$55.00 Filing Fee &	S60.00 Filing Fee.
≡ \$1	25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
	Mailing Addres	s <u>s:</u>	Street Address:	ion

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)



EVERHEART MEDIA LLC

company has been notified in writing of this change.

2022 AUS 22 PH 2: 01

The Articles of Organization for this Limited Liability Co	ompany were filed on	and assigned
Florida document number	<u>_</u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
Peak Profit Media L.L.C.		
The new name must be distinguishable and contain the words "Limi	ited 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 ADDR	RESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
Maning dualess Mill BETT ON OTTEE DONG		· · ·
3. If amending the registered agent and/or registered	d office address on our records, e	nter the name of the new registe
gent and/or the new registered office address here:		
Name of New Registered Agent:	<u> </u>	
Name Dissipational Office Address.		
New Registered Office Address:	Enter Florida street a	ddress
		Florida
	Cuy	, Florida
iew Registered Agent's Signature, if changing Registered	d Agent:	
hereby accept the appointment as registered agent a		I further agree to comply with
provisions of all statutes relative to the proper and co		
	gent as provided for in Chapter 6	

If Changing Registered Agent, Signature of New Registered Agent

Hamending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR =		
AMBR =	Authorized	Member

Title	Name	Address	Type of Action
			Remove
			[]Change
			□ Add
			□Remove
			□Change
			□Remove
			ETChange
			□Add
			□Remove
			□Change
			□Remove
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		-	
Effective date, if other than the (If an effective date is listed, the date must Note: If the date inserted in this bl document's effective date on the D	it be specific and cannot be prior to ock does not meet the applicab	date of filing or more than 90 days after	ional) er filing.) Pursuant to 605.0207 (3) is date will not be listed as the
he record specifies a delayed effectivord is filed.	e date, but not an effective time	e, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated August 11	. 2022		
Dated August 11 Cynthia	V Davies Signature of a member or authori.	red representative of a member	
Cynthia Davies, Author			
— — — — — — — — — — — — — — — — — — —	Typed or printed:	name of signee	

. .

Filing Fee: \$25.00