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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803

Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SPIRIT YOUR SOUL LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

M. SOLOMON

JUL - 5 2023

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Corporate Filing Menu

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SPIRIT YOUR SOUL LLC		
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 03/01/2023	and assigned
Florida document number L23000108352		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Media F Performance LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity 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)		2023 July
		130
Enter new mailing address, if applicable:		79 70 1
(Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
		· · · · ·
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the na</u>	me of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida _	
	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 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
AMBR	MUELLER, MICHAELA M	7901 4TH ST N STE 300	□Add
		ST. PETERSBURG, FL 33702	∑ iRemove
			□Change
AMBR	FLUEGE, KEVIN	7901 4TH ST N STE 300	Z ıAdd
		ST. PETERSBURG, FL 33702	□Remove
			☐Change ACCHETAR ACCHETAR GRemere
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Change

			
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fective date, if other than the effective date is listed, the date mote: If the date inserted in this cument's effective date on the	e date of filing: ist be specific and cannot be prior to date of foliock does not meet the applicable statut Department of State's records.	(option iling or more than 90 days after f tory filing requirements, this	nal) iling.) Pursuant to 605.020 date will not be listed as
ecord specifies a delayed effect is filed.	ve date, but not an effective time, at 12:	01 a.m. on the earlier of: (b)	The 90th day after the
ted June 30	. 2023		
	Signature of a member or authorized repre	vity/ esentative of a member	

Filing Fee: \$25.00