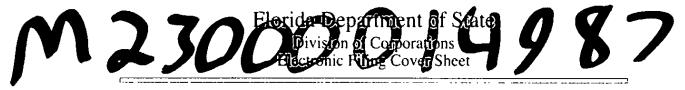
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Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:	Division of Corporations Fax Number : (850)617-6383		a)
From:	Account Name : COMPUTERSHARE Account Number : 110432003053		-1-
	Phone : (561)694–8107 Fax Number : (561)214–8442		* '

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

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TRUE LIFE PODCASTS, LLC

Certificate of Status	0
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Estimated Charge	\$25.00

NUV 3 0 2023

RTS

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of	
State: True Life Podcasts, LLC	
Enter new principal office 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)	9 ;
2. The Florida document number of this limited liability company is: M23000014987	
Jurisdiction of its organization: Delaware	
4. Date authorized to do business in Florida: 11/28/2023	- -
SECTION II (5-9 complete only the applicable changes)))
5. New name of the limited liability company: (must contain "Limited Liability Company," "L.L.C.," or "LLC."	')
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach copy of the written consent of the managers or managing members adopting the alternate name. The alternate name contain "Limited Liability Company," "L.L.C." or "LLC.")	a ime
6. If amending the registered agent and/or registered officer 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	
, Florida	
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 the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar we 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 limitability company has been notified in writing of this change.	th

If Changing Registered Agent, Signature of New Registered Agent

8. If the amend	ment changes person, title or capacity	y in accordance with 605.0902 (1)(e), indicate that o	change:	
Title/ Capacity	Name	Address 1	Type of Action	
MGR_	Michael Ashabi	1095 Broken Sound Park Way NW, Suite 300 ∏Add		
		Boca Raton, FL 33487	X }Remov	
MGR	True Life Ventures, Inc.	1095 Broken Sound Park Way NW, Suite 300 XiA		
		Boca Raton, FL 33487	□Remov	
			□Add	
			□Remov	
			□Add	
			□Remov	
			□Add	
aforemention	a certificate, if required: no more tha ned amendment(s), duly authenticate under the law of which this entity is	ed by the official having custody of records in the	□Remov	
	/s/ Caitlin Lazarus	re of the authorized representative		