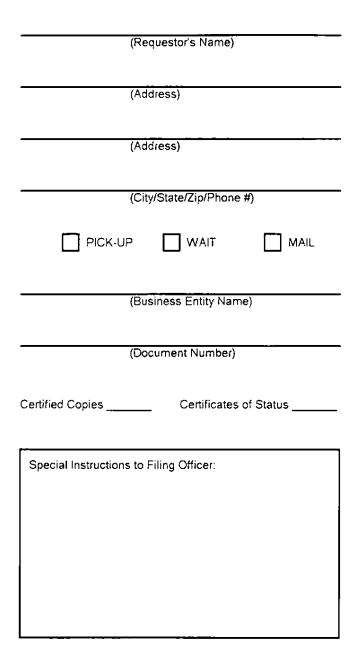
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Office Use Only





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COVER LETTER

TO: Registration Section

Division of Cor	porations						
Animal Mu	sings Media, LLC		•				
SUBJECT:	Name of Lin	nited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.					
Please return all correspo	ondence concerning this matter	to the following:					
	Mary K.Hackley	Mary K.Hackley					
	Name of Person						
		Firm/Company					
	32208 Cardamom Way Address						
	Bulverde, TX 781i63						
		City/State and Zip Code					
	kh@hackleyrobertson.com						
		to be used for future annual report notifi	ication)				
For further information c	oncerning this matter, please e	aII:					
Mary K. Hackleky 954 802-2922							
Name o	f Person	at () Area Code Daytime	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)	 \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) 				
Mailing Address: Registration Section		Street Address: Registration Section					
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee					
Tallahassee, FL 32314		2415 N. Monroe	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Animal Musings Media, LLC			
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	nny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company	were filed on 3/23/2020	and assigned	
Florida document number L20000087459			
This amendment is submitted to amend the following:			
a. If amending name, enter the new name of the limited liab	ollity company here:		
Tenacity Media, LLC			
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	r the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		20	
Principal office address MUST BE A STREET ADDRESS)		21, F	
		्रा ।	
		 , -	
Inter new mailing address, if applicable:		- P :	
Mailing address MAY BE A POST OFFICE BOX)			
		. 7	
3. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records, <u>enter the</u>	e name of the new regist	
Names of New Designated Assets			
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 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: NA MGR = Manager AMBR = Authorized Member **Type of Action** Address Title Name DAdd □ Change □Remove _____ □ Add □Add _____ □Remove □Change

□Remove

Page 2 of 3

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E. Effective date, if other than the (If an effective date is listed, the date in Note: If the date inserted in this bedocument's effective date on the I	ust be specific and cannot be block does not meet the a	prior to date of filing opplicable statutory fi		r filing.) Pursuant to 605.0207
f the record specifies a delaye b) The 90th day after the re		t not an effectiv	e time, at 12:01	a.m. on the earlier of
Dated February 23.	2024			
	Signature of a member or			
	Signature of a member or	authorized representa	ive of a member	
Mary K. Hackley	_			