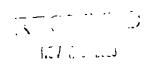
L14000131965

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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	

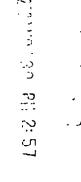
Office Use Only



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JAN 13 2021 I ALBRITTON

SUBJECT:	Rave Media, LLC		
SUBJECT:	, , , , , , , , , , , , , , , , , , ,	Name of Limited Liability Company	
The enclosed Artic	les of Amendment and fee	ee(s) are submitted for filing.	
		g this matter to the following:	
	Gerald Owens	;	
		Name of Person	
	Rave Media, Li	J.C	
	· · · · · · · · · · · · · · · · · · ·	Firm/Company	
	245 West 19th 5 PH 1	St,	
		Address	
	New York, NY	' 10011	
	glowens@anima	City/State and Zip Code palsfirst.com	
	E-ma	nail address: (to be used for future annual report notification)	
	ation concerning this matte	ter, please call:	
Gerald Owens		917 583-9663	
1	Same of Person	at () Area Code Daytime Telephone Number	·
Enclosed is a check	c for the following amount	nt:	
■ \$25.00 Filing I	Fee S30.00 Filing Certificate o		of Status &
Division P.O. Bo:	tion Section of Corporations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

TO:

Registration Section
Division of Corporations

ARTICLES OF ORGANIZATION OF

Rave Media, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 08/22/2014 The Articles of Organization for this Limited Liability Company were filed on _ and assigned L14000131965 Florida document number _ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Animals First, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 245 West 19th, Enter new principal offices address, if applicable: PH I (Principal office address MUST BE A STREET ADDRESS) New York, NY 10011 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

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.

City

If Changing Registered Agent, Signature of New Registered Agent

_, Florida __

		•		
<u> </u>	<u> </u>	 . ~	<u></u>	

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□ Remove
			☐ Change
			□Add
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Note:	ve date, if other than the date of filing:
ne recor ord is fil	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated	11-20-2020
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Gerald Owens