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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.

Email:	Address			
-mail	Address:			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FREYA STUDIOS CONSULTING LLC

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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Freya Studios Consulting LLC

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

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company w	vere filed on 01/20/23	and assigned
Florida document number L23000039403		\
Toriga document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ity company here:	
Hagall Media LLC		
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices 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)		
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	dress on our records, <u>enter th</u>	e name of the new regis
igent and/or the new registered office address here.		·
		2923
Name of New Registered Agent:	······································	22
New Registered Office Address:		· ;
New Registered Office Address.	Enter Florida street address	_ t _
	Flori	ida <u> </u>
	City	Zip Coffe
New Registered Agent's Signature, if changing Registered Agent:		25

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
			□Remove
			□Change
			□Add
			□Remove
			ElChange
			□Add
			□Remove
			□Change
		- Military	□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			E.C.

Effective date, if other than the date of filing:
the record 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 ord is filed.
Dated 03/07 2023
Signature of a member or authorized representative of a member
NAT SMITH

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Filing Fee: \$25.00