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T. MATTHEWS JUN - 1 2022

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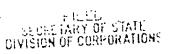
TO: Registration Section Division of Corporations
SUBJECT: Digato Truestmets LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Diagne S Sera Cantillo Name of Person
Digrato Investments LLC (Firm/Company)
7090 Banyan Leaf Dr. Suite 303
West Palm Beach / FL / 334-17 City/State and Zip Code
E-mail address; (to be used for future annual report notification)
For further information concerning this matter, please call:
Diagne S. Sena Cantillo at (561) 248 - 8958  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Bound Filing Fee \$\Bigcup \$55.00 Filing Fee & Bound Filing Fee, Certificate of Status \$\Bigcup \$60.00 Filing Fee, Certificate of Status \$\Bigcup \$60.

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO

## ARTICLES OF ORGANIZATION OF



Dgato Inves	1 mot 5 (LC. 22 APR 20 PM 3: 19
(Name of the Limited Liability Cor (A Florida Limit	mpany as it now appears on our records.) ted Liability Company)
The Articles of Organization for this Limited Liability Compa Florida document numberL_2_000132990	any were filed on 03/16/2022 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited I	liability company here:
The new name must be distinguishable and contain the words "Limited I.	iability Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS	2
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered offi- agent and/or the new registered office address here:	ce address on our records, enter the name of the new registere
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florido

### 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

Zip Code

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being addor removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Johnattan Alberto Velez Montoya	5080 Palm Hill Dr. Apt H188 West Palm Beach, FL 3341	B (MAdd
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			Change
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). If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an eff Note:	ve date, if other than the date of filing:
f the record ecord 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	April 13 2022  The Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Diagne S. Sena Cantillo Typed or printed name of signee