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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803

Fax Number : (813)436-5206

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

Email	Address:		

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DS DIGITAL SOLUTIONS LLC

Certificate of Status	0
Certified Copy	0
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T. LEMIEUX

APR 0 9 2024

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4/8/2024 11:56:15 PDT To: 18506176383 Page: 2/4 Fax: 8134365206

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF	
DS DIGITAL SOLUTIONS LLC	
(Name of the Limited Liability Company as it now appears of (A Florida Limited Liability Company)	n our records.)
Articles of Organization for this Limited Liability Company were filed on 03/21/	and assigned
rida document number L24000140459	
s amendment is submitted to amend the following:	
If amending name, enter the new name of the limited liability company here:	:
Digital Services LLC	
new name must be distinguishable and contain the words "Limited Liability Company," the desig	mation "LLC" or the abbreviation "L.L.C."
-	
er new principal offices address, if applicable:	2021
er new principal offices address, if applicable:	2021 AP
ter new principal offices address, if applicable:	2021
ter new principal offices address, if applicable:  incipal office address MUST BE A STREET ADDRESS)	2021 APR
ter new principal offices address, if applicable:  incipal office address MUST BE A STREET ADDRESS)  ter new mailing address, if applicable:	2021
ter new principal offices address, if applicable:  incipal office address MUST BE A STREET ADDRESS)  ter new mailing address, if applicable:  ailing address MAY BE A POST OFFICE BOX)	2021

## New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

Cin

Enter Florida street address

\_\_, Florida \_

4/8/2024 11:56:15,PDT To: 18506176383 Page: 3/4 Fax: 8134365206

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
			□Add
			□Remove
			(_)Change
			□Add
			□Remove
			iDChange
			🗀 Add
			□Remove
			Change
			□Add
			□Remove
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			!⊒Remove
			©Add
			□Remove
			□(Chanee

4/8/2024 11:56:)5 PDT To: 18506176383 Page: 4/4 Fax: 8134365206

Effective date, if other than the date of filing:
he 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 thord is filed.
Dated April 8 . 2024
Signature of a member or authorized representative of a member
Nat Smith Typed or printed name of signee