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## **COVER LETTER**

TO:	Registration Se Division of Cor					
eum ir		ASPIRE LLC				
SUBJE	CI:	Name of Limited Liability Company				
The enc	losed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please r	eturn all correspo	ndence concerning this matter	to the following:			
		DANIEL D. WHITEHOU	SE, ESQ.			
			Name of Person			
			Firm/Company			
201 E. PINE STREET. SUITE 205						
	Address					
		ORLANDO, FL 32801				
		City/State and Zip Code				
		chon.nguyen@digitalaspire.com				
		E-mail address: (	to be used for future annual repo	rt notification)		
For furt	her information o	oncerning this matter, please ea	all:			
DANIEL D. WHITEHOUSE, ESQ.			321 285-23			
	Name o	f Person	Area Code E	Daytime Telephone Number		
Enclose	ed is a check for th	ne following amount:				
\$25	i.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 Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, F1, 32301 DocuSign Envelope ID: 5029CCA9-4C3D-4780-BCDB-B4DAC92DF453
ARTICLES OF AMENDMENT

## TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FIL.ED

2018 OCT -4 PM 4: 52

DIGITAL ASPIRE LLC	SECRETALLY OF STATE
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our recorded at UNIVEEL CI

The Articles of Organization for this Limited Liabilit	ty Company were filed on 11/14/2002	and assigned
Florida document number 1.02000030501		
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
DIGITAL ASPIRE HOLDINGS, LLC		
The new name must be distinguishable and contain the words "	'Limited Liability Company," the designation "Li	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>	
(Principal office address MUST BE A STREET AL	ODRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	2	
	<del></del>	
B. If amending the registered agent and/or re registered agent and/or the new registered office a Name of New Registered Agent:		rds, <u>enter the name of the new</u>
B. If amending the registered agent and/or registered agent and/or the new registered office a Name of New Registered Agent:		rds, enter the name of the new
B. If amending the registered agent and/or registered agent and/or the new registered office a		
B. If amending the registered agent and/or registered agent and/or the new registered office a Name of New Registered Agent:	address here: Enter Florida street add.	ress
B. If amending the registered agent and/or registered agent and/or the new registered office a Name of New Registered Agent:	address here: Enter Florida street add.	
B. If amending the registered agent and/or registered agent and/or the new registered office a Name of New Registered Agent:	Enter Florida street add.	ress

If Changing Registered Agent, Signature of New Registered Agent

DocuSign Envelope ID: 5029CCA9-4C3D-4780-BCDB-B4DAC92DF453
11 amenuing Authorized rerson(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = A	authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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ffective date, if other than the an effective date is listed, the date mu	e date of filing:	or to date of filing or more than	(optional)	5 02
<b>Sote:</b> If the date inserted in this b	lock does not meet the appli	cable statutory filing requi	rements, this date will not be list	ed a
locument's effective date on the I	Department of State's record	S.		
e record specifies a delaye	d affective date, but a	ot an effective time	at 12:01 a.m. on the carli	<b>0</b> -
The 90th day after the red		oc on checave ane,	ACTED A GITTE OF THE COLL	<u> </u>
S	2016			
Dated September 17	. 201	·		
DocuSigned by:				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00