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TALLAHASSEE H

COVER LETTER

TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

	EN DIGITAL, LLC												
SUBJECT:	Name of Lim	ited Liability Company											
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.											
Please return all correspo	ondence concerning this matter	to the following:											
	Brian Ross												
		Name of Person											
	ENLIGHTEN DIGITAL, I	LLC											
		Firm/Company											
	7512 Dr. Phillips Blvd. Sto	50-352											
	Address												
	Orlando, Florida 32819												
		City/State and Zip Code											
	brian@EnlightenDigital.com												
		to be used for future annual report no	otification)										
For further information of	concerning this matter, please co	all:											
Brian Ross		407 341-2251 at ()											
Name o	f Person		ime Telephone Number										
Enclosed is a check for the	he following amount:												
■ \$25.00 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 Addres Registration S		Street Address: Registration S	Section										
Division of C	Corporations	Division of C	orporations										
P.O. Box 632	27	The Centre of	Tallahassee										

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ENLIGHTEN DIGITAL, LLC			
(Name of the Lim	ited Liability Company a (A Florida Limited Liabi	s <mark>it now appears on our recorc</mark> lity Company)	<u>(s.)</u>
The Articles of Organization for this Limited I	Liability Company we	re filed on <u>06/09/2008</u>	and assigned
This amendment is submitted to amend the fol	llowing:		
A. If amending name, enter the new name	of the limited liability	company here:	
The new name must be distinguishable and contain the	•	Company," the designation "LLC	" or the abbreviation "L.L.C."
	_		
<u>(Principal office address MUST BE A STRE</u>	<u>ET ADDRESS)</u> _		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B. If amending the registered agent and/or agent and/or the new registered office address	registered office add	ress on our records, <u>enter</u>	SECRETARY OF the new registers TALLAHASSE of the new FL
Name of New Registered Agent:	Brian Ross		311
New Registered Office Address:	7512 DR. PHILLIP	S BLVD., #50-352 Enter Florida street addres	SS.
	Orlando		
	Change	, Fl	orida 32819 Zip Code
		cui,	mp conc

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 60s, 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 Changing Registered Agent, Signature of New Registered Agent

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		
MGR	Brian Ross	7512 DR. PHILLIPS BLVD., #50-352	≣Add		
		ORLANDO, FL 32819	□Remove		
			Change		
			□Remove		
			Change		
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