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COVER LETTER

TO:	Registration Section Division of Corporati	ons ,		'de _k Ayk Peq	
 SUBJE	ECT:	Inboun	d Call	Experts	LLC.
SUBJECT: Inbound Call Experts, 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: Robert Dignan					
				_	
Please	return an correspondenc	e concerning this	matter to the to	nowing:	
			Robert	Deign	1n
			• "		
			Inbound	Call Ex	oerts, LLC.
			F	rm/Company	,
	***********	700 1	Banyan	Trail,	Snife 200
				Address	
	_	Bou	Ratur	FL 33'	431
		E-mail ac	idress: (to be used	for future annual re	port notification)
For fur	ther information concern	ing this matter, p	olease call:		
	Robert	Deignan	8	nt (95Y)	629-6083
	Name of Person	n J		Area Code	Daytime Telephone Number
Enclose	ed is a check for the follo	owing amount:			
\$2:	5.00 Filing Fee	30.00 Filing Fee Certificate of St		5.00 Filing Fee & Tertified Copy	\$60.00 Filing Fee, Certificate of Status &

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Certified Copy (additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Inbound Call Ex	perts, LLC.	
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.) ility Company)	
The Articles of Organization for this Limited Liability Company we Florida document number	ere filed on $\frac{6/29/2011}{}$ and assigned	I
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability ATS Digital Se The new name must be distinguishable and contain the words "Limited Liability"	 	
The new name must be distinguishable and contain the words "Limited Liability		17
Enter new principal offices address, if applicable:	same address	5
(Principal office address MUST BE A STREET ADDRESS)		PRI-
-	·	2 PM 1
Enter new mailing address, if applicable:	JAME ALONESS	50
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here:	e address on our records, enter the name of th	e new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
_	, Florida	
	City Zip Code	

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

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

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

MGR = N $AMBR = N$	Anager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			<u>⊞</u> Remove
			[<u>⊞</u> Add
			<u>⊞</u> Remove
			₩Add
			[F]Remove
			[II]Change
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te: If t	date, if other than the date of filing:	07 (3) as the
he 90	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier th day after the record is filed.	of:
ted	3/27/2017 Mount Migna Signature of a member or authorized representative of a member	
	Mobit Neigna	
	Robert Deighan Typed or printed name of signee	AFX
	Typed or printed name of signee	

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Filing Fee: \$25.00