112000016387

(Requestor's Name)
(Address)
(Address)
, ,
(City/State/Zip/Phone #)
(Only State Ziph Hone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
,
Certified Copies Certificates of Status
Certified Copies Certificates of States
Special Instructions to Filing Officer:





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COVER LETTER

Registration Section

TO:

Divi	ision of Cor	porations		•	
		NLINE 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	indence concerning this matter	to the following:		
		ADELFO ROQUE			
		<u> </u>	Name of Person		
		CAPITAL ACCOUNTS,	INC.		
	Firm/Company				
	PO BOX 527803				
Address					
		MIAMI, FL 33152-7803			
			City/State and Zip Code		
		aroque@capitalaccounts.ne	t to be used for future annual report no	vilianian)	
For further in	formation c	oncerning this matter, please co	·	interest,	
		······································			
ADELFO RO			305 482-9616 at ()		
	Name o	f Person	Area Code Dayti	me Telephone Number	
Enclosed is a	check for th	ne following amount:			
≡ \$25.00 F	iling 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)	
	ling Addres		Street Address:	ection	
Registration Section Division of Corporations		_	Registration Section Division of Corporations		
P.O	. Box 632	7	The Centre of	The Centre of Tallahassee	
Tali	lahassec, I	FL 32314	2415 N. Monr	oe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SEXTIL ONLINE, LLC			
(Name of the Limited Liability Compa (A Florida Limited	nny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number L12000016387	were filed on	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
INK IT DIGITAL, LLC.			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the a	bbreviation "L.L.C."	
Enter new principal offices address, if applicable:	1500 NW 89TH CT STE 121		
(Principal office address MUST BE A STREET ADDRESS)	DORAL, FL 33172		
Enter new mailing addr es s, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX)</u>	PO BOX 527803 MIAMI, FL 33152-7803		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the nan	ne of the new regists	
Name of New Registered Agent:		<u> </u>	
New Registered Office Address:		, _ 	
- -	Enter Florida street address	· - · .	
	, Florida	<u>-</u>	
	City	Zip Code	

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.

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>Address</u> Type of Action Title Name □Add ____ □Remove ______ Change ____ Remove _____ Change ____ _ __ __ __ __ Add _____ Change _____ _ _ _ _ _ _ _ _ _ Add _____ □Remove ____ 🗀 Add

_____ Change

-uit	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
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m efte <u>ote:</u>	ve date, if other than the date of filing: certive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ent's effective date on the Department of State's records.
ecord is file	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
ited_	MARCH 9 , 2021 .
	Juojalluria
	Signature of a member or authorized apresentative of a member
	•

Filing Fee: \$25.00