L120000 86536

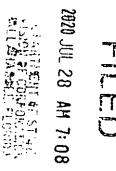
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





200348940122

07/28/20--01039--024 **25.00



SEP 1 8 2020 S. YOUNG

COVER LETTER

Registration Section

Division of Corporations

Tallahassee, FL 32314

TO:

CUD BECT.	Dig It Ui	nlimited, 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:	
		Patrick DiSalvo	
		Name of Person	
	DiSalvo & Associates, PLI	_C	
		Firm/Company	
	1760 N Jog Road Sui	te 150	
		Address	
	West Palm Beach, FL 334	П	
		City/State and Zip Code	
	Jjoseph@d-acpa.com		S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		to be used for future annual report n	ofification)
For further information c	oncerning this matter, please ca	all:	
Patrick DiSalvo		561 659-1177 at ()	
Name o	f Person		ime Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
Mailing Addres		Street Address: Registration S	Section
Registration S Division of C		Division of C	
P.O. Box 632		The Centre of	-

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Dig It Unlimited, LLC	
(Name of the Limite	d Liability Company as it now appears on o A Florida Limited Liability Company)	350× 111
The Articles of Organization for this Limited Lia	ability Company were filed on $\frac{7/02/201}{}$	2 and assigned
Florida document number L12000086536	·	· 09
This amendment is submitted to amend the follo	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ıble:	
(Principal office address MUST BE A STREE)	T ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE I	<u></u>	
B. If amending the registered agent and/or reagent and/or the new registered office addres	U	s, enter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida str	eet address
		, Florida
	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 to 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being add or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Andrea Kargoll	17125 130th Ave N	\ \ \ \ \ \ \
		Jupiter, FL 33478	■Remove
			Change
			□Remove
			Change
			□Add
			□Remove
			Change
	 		□Add
			Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove

O. If amer	iding any other infor	mation, enter ch	ange(s) here:	(Attach addii	ional sheets,	if necessary.)	
							· · · - · ·
_		-			<u> </u>		
_						•	
_			_				
_							
_	 						· · · · · · · · · · · · · · · · · · ·
		-					
<u></u>							
_							_
_							
_							<u> </u>
·							
_							
Note: 1	we date, if other than ctive date is listed, the date if the date inserted in thi ont's effective date on the	s block does not m	icet the applica	o date of filing or ble statutory fil	more than 90 da	(optional) ys after filing.) P nts, this date w	ursuant to 605.0207 (3 III not be listed as th
f the record	specifies a delayed effe d.	ctive date, but not a	an effective tin	ne, at 12:01 a.m	i, on the earlie	of: (b) The	90th day after the
Dated _	July 23		2020	<u> </u>			
		Ant RSF	2 emp				
		Signature of a n	nember or mithor	rized representati	ve of a member		
			bert St Mary	I name of signee			