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COVER LETTER

| UBJECT: DIGG | nand, LLC | ted Liability Company | |
|---------------------------|---|---|--|
| | Name of Limit | | |
| he enclosed Articles of | Amendment and fee(s) are subn | nitted for filing. | 1000 |
| lease return all correspo | ndence concerning this matter t | to the following: | |
| | Stacey Whid | lden | |
| | | Name of Person | |
| | Braehand, L | LC | |
| | | Firm/Company | |
| | PO Box 678 | 7 | |
| | | Address | |
| | Brandon, FL | . 33508 | |
| | | City/State and Zip Code | |
| | E-mail address: (t | to be used for future annual report notifi | ication) |
| or further information c | oncerning this matter, please ca | all: | |
| Stacey Wh | idden | at () | |
| Name o | f Person | at () Area Code Daytime | Telephone Number |
| Enclosed is a check for t | he following amount: | | |
| _ | □ \$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, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

| (Name of the Limited Liability Compa (A Florida Limited I | ny as it now appears on our records.) Liability Company) |
|--|---|
| The Articles of Organization for this Limited Liability Company Florida document number <u>L1400000511</u> . | were filed on 01/02/2014 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: |
| The new name must be distinguishable and end with the words "Limited Liab | ility Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 605 Lumsden Rd. |
| (Principal office address MUST BE A STREET ADDRESS) | Brandon, FL |
| | 33511 |
| Enter new mailing address, if applicable: | |
| (Mailing address MAY BE A POST OFFICE BOX) | |
| *************************************** | |
| B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her Name of New Registered Agent: | |
| New Registered Office Address: | |
| | Enter Florida street address |
| | , Florida |
| | City Zip Code |
| New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change. VOICO THE RESSIMPTIVE If Cha | ree to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is address, I hereby confirm that the limited liability |
| 41 v 1 \ 00 \ \d\ \2.4404S | nging Registered Agent, Signature of New Registered Agent |

Page 1 of 3

CETIL

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If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

| | 1141 | horized Member | | | |
|--------------|-------|---|----------|---------|----------------|
| <u>Title</u> | | <u>Name</u> | | Address | Type of Action |
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