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## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT:	HelloWorld Name of Limi	ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspon	ndence concerning this matter t	to the following:	
		Name of Person  IloWorld LLC Firm/Company  33rd Street Address  Beach FL 3- City/State and Zip Code	- ·
		4@ q Mail. com o be used for future annual report noti	
	oncerning this matter, please ca	ıll:	
Name of	Person	at (S6) 42 Area Code Daytim	O · 2230 e Telephone Number
Enclosed is a check for th	e 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 ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

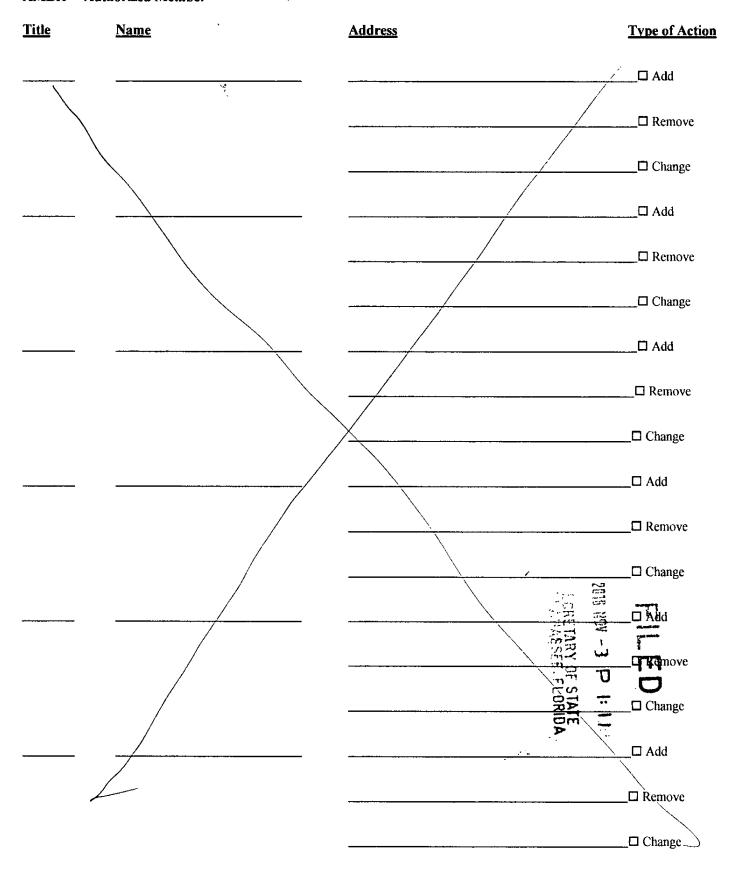
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hello.	World LLC
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our records.) ited Liability Company)
The Articles of Organization for this Limited Liability Compa	any were filed on $O(+23-20)$ and assigned
Florida document number <u>L14 000165 250</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited l	liability company here:
Sundown Digital The new name must be distinguishable and contain the words "Limited L	LLC
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	246 33rd Street
(Principal office address MUST BE A STREET ADDRESS	
Enter new mailing address, if applicable:	246 33rd Street
(Mailing address MAY BE A POST OFFICE BOX)	West Palm Beach FL 33407
B. If amending the registered agent and/or registered registered agent and/or the new registered office address  Name of New Registered Agent:	d office address on our records, <u>enter the name of the new</u> <u>here</u> :
New Registered Office Address:	
	Enter Florida street address
	City , Florida Zip Code
New Registered Agent's Signature, if changing Registered Age	
provisions of all statutes relative to the proper and comple	agree to act in this capacity. I further agree to comply with the lete performance of my duties, and I am familiar with and as provided for in Chapter 605, F.S.Or, if this document is fice address, I hereby confirm that the limited liability
If	Changing Registered Agent, Signature of Nove 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



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ctive date, if other than the date of effective date is listed, the date must be specign. If the date inserted in this block does ment's effective date on the Department.	not meet the appl	licable statutory fi	more than 90 day ling requirement	optiona s after filir s, this da	l) ng.) Purs te will n	suant to 605.0 not be listed
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Signatur	e of a member or au	thorized representat	ive of a member		- **	П
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Filing Fee: \$25.00