# 45000014163

(Req	uestor's Name)	
(Addı	ress)	
(Add)	ress)	
(City/	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Na	me)
(Doce	ument Number	)
Certified Copies	Certificate	s of Status
Special Instructions to Fi	ling Officer:	

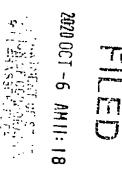
Office Use Only



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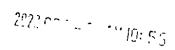
07/27/20--01040--010 \*\*35.00

RECEIVED



OCT 1 9 2020 S. YOUNG





### FLORIDA DEPARTMENT OF STATE Division of Corporations

September 10, 2020

OSCAR GOMEZ 305 DIGITAL MEDIAL LLC 11630 N BAYSHORE DRIVE #1 MIAMI, FL 33181

SUBJECT: 305 DIGITAL MEDIA LLC

Ref. Number: L15000014163

We have received your document for 305 DIGITAL MEDIA LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia S Young Regulatory Specialist II

www.sunbiz.org

Letter Number: 420A00017245

# **COVER LETTER**

Tallahassee, FL 32314

	tration Se ion of Cor	ection porations		
SUBJECT:	LATAM	LLC		
SUBJECT: _		Name of Lim	ited Liability Company	
The enclosed A	Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return a	ll correspo	ondence concerning this matter	to the following:	
		OSCAR GOMEZ		
			Name of Person	
		DLATAM LLC		
			Firm/Company	
		11630 N BAYSHORE DR	.#1	
			Address	-
		MIAMI, FL 33181		
			City/State and Zip Code	
		oscargomezz@gmail.com E-mail.address: (	to be used for future annual report	notification)
For further info	ormation c	oncerning this matter, please c	·	
OSCAR GOM	EZ		786 486-569	7
	Name o	f Person	at () Area Code Da	ytime Telephone Number
Enclosed is a c	heck for th	ne following amount:		
□ \$25.00 Fil	ing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	ng Addres		Street Address	
_	stration S sion of C	Section forporations	Registration Division of	Section Corporations
	Box 632			of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2

305 DIGITAL MEDIA LLC		72 OC T
	ne it now annuare on our manuals V	703-00-0
(Name of the Limited Liability Company (A Florida Limited Liab	oility Company)	5 5
The Articles of Organization for this Limited Liability Company we	ere filed on 01/23/2015	and assigned
Florida document number 1.15000014163		
This amendment is submitted to amend the following:		🚨
A. If amending name, enter the new name of the limited liabilit	y company here:	
DLATAM, LLC		
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
_		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office add	lress on our records, <u>enter the</u>	name of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Floric	le
	City	Zin 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>Title</u>	<u>Name</u>	Address	Type of Action
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			□Adđ
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ective date, if other than the dat	e of filing:		(optional)	
ective date, if other than the dat neffective date is listed, the date must be s te: If the date inserted in this block of	specific and cannot be prior t	to date of filing or more the	an 90 days after filing.) Pursu	uant to 605,0207
cument's effective date on the Depart		ione statutory minig requ	unements, this date will i	ioi oc fisica as
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ted SEPTEMBER 25	2020			