## 15000073742

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SECRETARY OF STATE ONE DIVISION OF CORPORATIONS

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## **COVER LETTER**

TO:	Registration Se Division of Cor						
SUBJE		AL HOLDINGS, LLC					
SUBJE	U1:	Name of Lim	ited Liability Company				
The encl	losed Articles of	Amendment and fee(s) are sub-	mitted for filing.				
Please re	eturn all correspo	indence concerning this matter	to the following:				
		Glenn Goldberg					
		-	Name of Person				
		Goldberg Law Group, PA	4				
		Firm/Company					
		216 Mirror Lake Drive N					
		-	Address				
		St Petersburg, FL 33701					
		City/State and Zip Code					
		glenn@goldberglaw.us / p	pam@goldberglaw.us to be used for future annual report notifi	estion)			
For furth	her information c	oncerning this matter, please ca	·	Caron			
Glenn (	Goldberg		727 898-5200 at ()				
	Name o	f Person		Telephone Number			
Enclose	d is a check for th	ne following amount:					
<b>S</b> \$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

DK DIGITAL HOLDINGS, LLC		
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our rec (Liability Company)	ords.)
The Articles of Organization for this Limited Liability Compan Florida document number L15000073742	y were filed on <u>4/27/15</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "I	.I.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		SECRETOR OF STREET
Enter new mailing address, if applicable:		20 A
(Mailing address MAY BE A POST OFFICE BOX)		AM 8: 13
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		ords, enter the name of the ne
Name of New Registered Agent:		<del></del>
New Registered Office Address:	Enter Florida street ade	dress
		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 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
MGR	Darin Kucera	200 Central Avenue, #315	<b>■</b> ∧dd
		St Petersburg, FL 33701	☐ Remove
		<del></del>	☐ Change
MGR	Dean Kucera	200 Central Avenue, #315	
		St. Petersburg, FL 33701	■ Remove
			Change
AMBR	Nathan Lehoux	200 Central Avenue, #315	Add
		St Petersburg, FL 33701	■ Remove
			Change
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Effective date, if other than	the date of fi	7/18/18 Tling:	<del> </del>		(option:		
If an effective date is listed, the date Note: If the date inserted in the document's effective date on the	is block does n	not meet the app	licable statute				
he record specifies a dela The 90th day after the			not an effe	ctive time,	at 12:01 a.n	n. on the ear	rlier o
Dated		2018					
		$\rightarrow$					

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Filing Fee: \$25.00