

215000153725

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

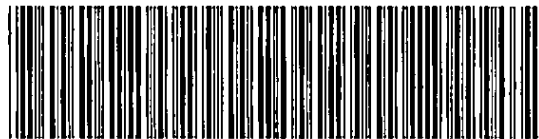
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
DIVISION OF CORPORATION

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SEP 21 2018



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TUS +1 (781) 770-0005 • BR +55 11 3280-2120  
Fax +1 (866) 550-6705 • W drummondadvisors.com

DEPARTMENT OF STATE  
Division of Corporations  
Registration Section  
PO Box 6327  
Tallahassee, FL 32314

September 13, 2018

**RE:** Apostille the Certified Copy of the Amendment to Articles of Organization  
**APPLICANT:** FTPI Digital, LLC  
**Florida Document #:** L15000153725

Dear Sir or Madam,

Please note that it is being requested the amendment to the Articles of organization of FTPI Digital LLC, Florida Document Number L15000153725, and a certified copy of such amendment.

The certified copy of the finalized amendment to the Articles of organization should be sent to the Certification Section to be apostilled.

In support of the above-mentioned, please find the following:

1. A request to amend the Articles of Organization of a Florida Limited Liability Company; the issuance of its certified copy; and a Check # 4447 in the amount of US\$ 55 for fees; and
2. A request to apostille the certified copy above-mentioned; and Check # 4448 in the amount of US\$ 10 for fees.

We kindly ask you to return our **Apostilled** document to the following address:  
Drummond Legal Advisors, PLLC  
Co Pedro Drummond  
601 Brickell Key Drive, Suite 901, Miami Florida, 33131

Thank you for your time and attention to this matter.

Sincerely,

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** FTPI DIGITAL LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Paula Vautier

\_\_\_\_\_  
Name of Person

Drummond Advisors

\_\_\_\_\_  
Firm/Company

601 Brickell Key Drive, Suite 901

\_\_\_\_\_  
Address

Miami FL 33131 USA

\_\_\_\_\_  
City/State and Zip Code

pvaugier@drummondadvisors.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Paula Vautier

781 770-0005  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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**

FTPI DIGITAL LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 09/08/2015 and assigned  
Florida document number 1.15000153725.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

**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)**

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**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

78 SW 7th Street

*Enter Florida street address*

Miami

*City*

Florida 33130

*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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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DIVISION OF CONVOYATION  
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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

Typed or printed name of signee