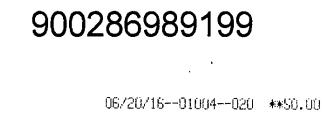
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Office Use Only





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## **COVER LETTER**

TO: Registration Se Division of Cor				
SUBJECT:	Digital LLC	nited Liability Company		
	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	`			
	- Nikolaj	A. Kirkebye Name of Person		
	Digitof	F LLC Firm/Company		
	7	Firm/Company	<u> </u>	
	70 S. Di	xie Hwy	LIDN 2	
		Address		
	Boca Rati	On FL 37432 City/State and Zip Code	JUN 20 AN II: 49 ANASSEE, FLORIDA	\
	APEUH	ASTENSFLOREDA (to be used for future immual report hold)	A.Com	
For further information c	oncerning this matter, please c	all:		
Nikolaj Name o	A. Kirkebye	at ( <u>561</u> ) <u>465</u> Area Code Daytino	Z-64/8 : Telephone Number	
Enclosed is a check for the	ne 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

Digihoff LLC	
(Name of the Limited Liabilit (A Florida	y Company as it now appears on our records. Limited Liability Company)
The Articles of Organization for this Limited Liability Councida document number <u>L 15 000 17 72 49</u>	ompany were filed on OCT 19, ZOIS and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limi	ted liability company here:
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable: ( <u>Principal office address MUST BE A STREET ADDR</u>	Ess)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
registered agent and/or the new registered office addr	
Name of New Registered Agent:	Barry S. Mittelberg PA
New Registered Office Address:	Borry S. Mittelberg PA 1700 N. Whiveysity Drive # 300 Enter Florida street address
	oral Springs, Florida 33071  Zip Code
New Degistered Agent's Signature if shanging Deviatored	Aganti

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

Page 1 of 3

See next Page for Signature

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Mane of the Limited L.	ability Company orida Limited Liab	as it now appears on on dity Company)	r records.)		
The Articles of Organization for this Limited Liabil Florida document number <u>L. 15 COO 12 L.</u>	ity Company we			and assigned	
This amendment is submitted to amend the following	R:				
A. If amending name, enter the new name of the	limited liability	y company here:			
The new varie must be distinguishable and contain the words	Timited Enability (	Jumpany," the designation	on "LLC" or the abl	ாதிக்கா <b>ன்</b> "	
Enter new principal offices address, if applicable		v <sup>25</sup> us, s <del>quares</del>			1
(Principal office address MUST BE A STREET AL	ODRESS <sub>I</sub>			S 2 - E	_ _ 7
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX	  		<u> </u>	OF STATE	- - -
B. If amending the registered agent and/or registered agent and/or the new registered office a		e address on our r	records, <u>enter t</u>	he name of the	new
(same of New Registered Agent:	Boury	S Mitto	Ibera F	?A	_
		N. W. VEVS			
	Coral S	Prings	, Plovida <u></u>	3071 Zip Cotte	<del></del>
New Registered Agent's Signature, if changing Regist	ered Agent:				

I here by 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 field to accept 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 Agents Signature of New Registered Agent

Page tof 3

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

. Title	<u>Name</u>		Address	-	Type of Actio	<u>n</u>
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Page 3 of 3

Filing Fee: \$25.00