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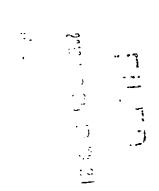
(Re	questor's Name)	
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Certified Copies	_ Certificates	of Status
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COVER LETTER

TO:

то:	Registration Se Division of Cor				
SUBJEC		TROVE, LLC			
SUBJE	ET:	Name of Lim	ited Liability Company		
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please re	eturn all correspo	ondence concerning this matter	to the following:		
		PHILLIP MENA			
			Name of Person		
			Firm/Company		
		2418 POLK ST APT #210)		
			Address		
		HÖLLYWOOD, FL 3302	0		
			City/State and Zip Code		
		MFPLUNA@GMAIL.COM	M to be used for future annual report noti	e	·)
For furth	ner information c	oncerning this matter, please c		(icanon)	
PHILLI	P MENA		75-4 214-8755 at ()		: 3 —
	Name o	t Person		e Telephone Number	,
Enclosed	I is a check for the	ne following amount:			
□ \$25.	00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &
	Registr	ING ADDRESS: ration Section on of Corporations	STREET/COURI Registration Section Division of Corpor	1)	

P.O. Box 6327

Tallahassee, Fl. 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Fallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TRADERS TROVE, 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 $^{-10/28/2015}$ and assigned Florida document number $\frac{1.15000182963}{}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: M DIGITAL, LEC 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) 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: Enter Florida street address

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.

City

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
			☐ Remove
			☐ Change
			☐ Remove
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ective date, if other than the date of filing:effective date is listed, the date must be specific and cann e: If the date inserted in this block does not meet tument's effective date on the Department of State.	e applicable statutory filing	ore than 90 days after fil g requirements, this d	il) ng.) Pursuant to 605.020 ite will not be listed a:

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00