

L15000199475

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(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALLY  
EXAMINER  
SEP 21

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: KETTO 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:

FRANCISCO E CENTENO, Enrolled Agent and Registered Agent

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

OTR GROUP CORPORATION (Tax Firm)

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

15757 Pines Blvd Suite 251

\_\_\_\_\_  
Address

Hollywood FL 33027

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

fc@accountingTAXgroup.com

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

For further information concerning this matter, please call:

FRANCISCO E CENTENO, EA

954 394-2984  
\_\_\_\_\_  
at ( )  
Area Code Daytime Telephone Number

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

Enclosed is a check for the following amount:

- |                                                        |                                                                        |                                                                                                  |                                                                                                                            |
|--------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

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TALLAHASSEE, FLORIDA  
ds.)

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

**This amendment is submitted to amend the following:**

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

***(Principal office address MUST BE A STREET ADDRESS)***

***(Mailing address MAY BE A POST OFFICE BOX)***

**Name of New Registered Agent:**

**New Registered Office Address:**

Enter Florida street address

**Florida**

City

Zip Code

*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.*

Page 1 of 3

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>                      |
|--------------|----------------|-------------------------|--------------------------------------------|
| MGR          | ORSI, EMILIANO | 1250 SOUTH MIAMI AVENUE | <input type="checkbox"/> Add               |
|              |                | SUITE 2504              | <input checked="" type="checkbox"/> Remove |
|              |                | MIAMI, FL 33130         | <input type="checkbox"/> Change            |
|              |                |                         | <input type="checkbox"/> Add               |
|              |                |                         | <input type="checkbox"/> Remove            |
|              |                |                         | <input type="checkbox"/> Change            |
|              |                |                         | <input checked="" type="checkbox"/> Add    |
|              |                |                         | <input type="checkbox"/> Remove            |
|              |                |                         | <input type="checkbox"/> Change            |
|              |                |                         | <input type="checkbox"/> Add               |
|              |                |                         | <input type="checkbox"/> Remove            |
|              |                |                         | <input type="checkbox"/> Change            |
|              |                |                         | <input type="checkbox"/> Add               |
|              |                |                         | <input type="checkbox"/> Remove            |
|              |                |                         | <input type="checkbox"/> Change            |
|              |                |                         | <input type="checkbox"/> Add               |
|              |                |                         | <input type="checkbox"/> Remove            |
|              |                |                         | <input type="checkbox"/> Change            |

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TALLAHASSEE

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Dated September 01, 2016.

Signature of a member of a

Signature of a member or authorized representative of a member

HORACIO IEZZI

Typed or printed name of signee