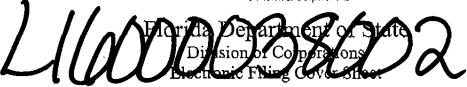
Division of Corporations



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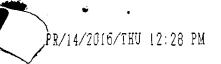
ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Florida document number L16000038002 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here:
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here:
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: SQUARE DIGITAL LLC
SQUARE DIGITAL LLC
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
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
registered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address
City , Florida 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



MGR = Manager

FAX No.

P. 003/004

_□ Change

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

AMBR = Authorized Member <u>Title</u> Name. Address Type of Action bbA 🗆 □ Remove □ Change \Box Add □ Remove ☐ Change □ Remove ☐ Change □ Add □ Remove **☆** Change ᇙ ⅀ Change 52 □ Add □ Remove

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Note: If the date inserted in this ble	ock does not meet ti	he applicable statt	atory filing require	ments, this	date wil	l not be listed as
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