116000079465

(Requ	estor's Name)	
(Addr	ess)	
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(City/s	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificate	s of Status
Special Instructions to Fi	ling Officer:	
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COVER LETTER

TO: Registration 5 Division of Co		
Accessed	l Digital, LLC	
SUBJECT:	Name of Limited Liability Company	-
The enclosed Articles o	of Amendment and fee(s) are submitted for filing.	
Please return all corresp	pondence concerning this matter to the following:	
	John Barrett	
	Name of Person	
	Accessed Digital, LLC	
	Firm/Company	
	3432 Constance Street	
	Address	_
	Titusville, FL 32796	
	City/State and Zip Code	—
	followergram@gmail.com E-mail address: (to be used for future annual report notification)	-
For further information	concerning this matter, please call:	
John Barrett	407 990-6293	
Name	of Person at () Area Code Daytime Telephone Numb	er
Enclosed is a check for t	the following amount:	
■ \$25.00 Filing Fee	(additional copy is enclosed) Certific	Filing Fee, cate of Status & Copy al 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

Accessed Digital, LLC		
(<u>Name of the Limited Liability Compar</u> (A Florida Limited Li	ny as it now appears on our reciability Company)	cords,)
The Articles of Organization for this Limited Liability Company v. Florida document number L16000079465	were filed on 04/25/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "l	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		1 00
		- 17 - 1,2
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 here:		ords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	Iress
	,	FloridaZip Code
New Registered Agent's Signature, if changing Registered Agent:	City	Zip Code
	ana a tanàna ao a	er a er er
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p	to act in this capacity. I erformance of my duties,	further agree to comply with the and I am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

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 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
AMBR	Jill K Barrett	3432 Constance St.	■ Add
		Titusville, FL 32796	□ Remove
			☐ Change
			Add
			□ Remove
			☐ Change
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ective date, if other than effective date is listed, the date inserted in thument's effective date on the date on the date of	must be specific and is block does not m	cannot be prior to da eet the applicable	statutory filing	(option re than 90 days after requirements, this	filing.) Pursuant to 605,02
ecord specifies a dela ne 90th day after the	yed effective di record is filed.	ate, but not ar	n effective ti	me, at 12:01 a	.m. on the earlier
June 2		2017			
- m				f a member	

Page 3 of 3

Filing Fee: \$25.00