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2020 NOV 16 AHH: 37

16 AHII: 37

COVER LETTER

TO: Registration Sec Division of Corp				
enn mer i360 D	IGITAL VIEW LLC			
SOBJECT: 1500 D	Name of Lin	nited Liability Company		
The enclosed Articles of a	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspoi	ndence concerning this matter	to the following:		
	TYLER BE	NZEL		
		Name of Person		
	i360 DIGITAL	. VIEW LLC		
	-	Firm/Company		
	103 COMMERCI	EST, STE 140		
		Address		
	LAKE MARY, F	L 32746		
		City/State and Zip Code		
	TYLER@AGIFU	UND.COM to be used for future annual report noti	fication)	
For further information co	oncerning this matter, please c	all:		
TYLER BENZE	EL.	at (<u>352</u>) <u>267-84'</u> Area Code Daytim	96	
Name of	Person	Area Code Daytim	e Telephone Number	
Enclosed is a check for the	e following amount:			
X \$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		Street Address:		
Registration S Division of Co		Registration Sec Division of Cor		
P.O. Box 6327	7	The Centre of Tallahassee		
Tallahassee, F	L 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

i360 DIGITAL VIEW LLC		
(<u>Name of the Limited Liability Company as it no</u> (A Florida Limited Liability Co	v appears on our records.) mpany)	_
The Articles of Organization for this Limited Liability Company were file on Florida document number $\frac{1.16000082212}{1.0000082212}$	d <u>04/28/2016</u> and	l assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability comp	oanv here:	
The new name must be distinguishable and contain the words "Limited Liability Companents of the new principal offices address, if applicable:	y," the designation "LLC" or the abbreviatio	negl.c."
Enter new principal offices address, if applicable:		5 1
(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 or agent and/or the new registered office address here:	n our records, enter the name of the	new registered
Name of New Registered Agent:		
New Registered Office Address:	nter Florida street address	
City	, Florida Zup C	ode
New Registered Agent's Signature, if changing Registered Agent:	·	
I hereby accept the appointment as registered agent and agree to act is provisions of all statutes relative to the proper and complete performancept the obligations of my position as registered agent as provided peing filed to merely reflect a change in the registered office address, company has been notified in writing of this change.	ince of my duties, and I am familiar for in Chapter 605, F.S. Or, if this a	with and locument is

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>AMBR</u>	JAMES DICKS	103 COMMERCE ST, STE 140 LAKE MARY, FL 32746	<u>`</u> ⊠Add
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			🗆 Add
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Filing Fee: \$25.00