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Office Use Only



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S. WARREN JUN 1 5 2017

COVER LETTER

TO: Registration S Division of Co			
	SPIRE LLC		
SUBJECT:		ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	pondence concerning this matter	to the following:	
	ALBERTO LIA		
	 -	Name of Person	
	DIGITAL SPIRE LLC		
		Firm/Company	
	224 DATURA STREET, S	GITE 1012	
	-	Address	
	WEST PALM BEACH, FL	. 33401	
		City/State and Zip Code	
	ALBERTO@ ADSPIRE.NE		
	E-mail address: (0	to be used for future annual report notif	ication)
For further information	concerning this matter, please co	all:	
ALBERTO LIA		619 822-2071 at ()	
Name	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for	the following amount:		
■ \$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:

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

DIGITAL SPIRE LLC				
(Name of the Limi	(A Florida Limited	iny as it now appears on ou Liability Company)	r records.)	
he Articles of Organization for this Limited I lorida document number $\frac{1.16000157154}{1.0000157154}$		were filed on $\frac{08/22/201}{}$	6 and assigned	
nis amendment is submitted to amend the fol	lowing:			
. If amending name, enter the new name o	of the limited liah	oility company here:		
ne new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designati	on "ELC" or the abbreviation "L.L.C."	
nter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS)		224 DATURA STREET		
		SUITE 1012		
		WEST PALM BEACH, FL 33401		
nter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		224 DATURA STREE	Т	
		SUITE 1012		
		WEST PALM BEACH, FL 33401		
. If amending the registered agent and egistered agent and/or the new registered of Name of New Registered Agent:	office address her			
New Registered Office Address:	224 DATURA STREET, SUITE 1012			
		Emer Florida stre		
	WEST PAUM	BEACH	, Florida 33411	

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 fimiliar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or if this agrament 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

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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			☐ Add
			☐ Remove
			Change
			☐ Remove
			Change
			🗅 Add
			□ Change
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Tective	date, if other than the	date of filing	06/01/2017		(ontional)	
m effecti ote: If i	date, if other than the ve date is listed, the date mus the date inserted in this bl	t be specific and cock does not me	cannot be prior to date o	Cliling or more than 90 tutory tiling require:	Edays after filing.) Punents, this date wi	arsuant to 605.02 If not be fisted
ocument	's effective date on the Do	epartment of St	ate's records.			
recor The 90	d specifies a delayed Oth day after the rec	l effective da ord is filed.	ate, but not an e	fective time, at	12:01 a.m. on	the earlier
ited	6/5/		2017	7		
			W/	7		ال 7
		Signature of a m	ember or authority of re	presentative of a memb	er Sin	<u></u>
	ALBERTO LIA					3 -
			Typed or printed name	ol signee	FLOG	1 2: 32

Filing Fee: \$25.00