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## **COVER LETTER**

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atio reco	BE THE SO	QUARE WEBSITE DESIGN,	LLC	
SUBJECT:		Name of Lin	nited Liability Company	
The enclosed	l Articles of	 Amendment and fee(s) are sub	omitted for filing.	
Please return	all correspo	indence concerning this matter	to the following:	
		CAMERON WINSLOW		
		<u> </u>	Name of Person	
		BE THE SQUARE DIGIT	CAL MARKETING	
			Firm/Company	<u>_</u>
		2037 NE 6TH TERRACE		
			Address	<del></del>
		WILTON MANORS, FLO	DRIDA 33305	
		<u> </u>	City/State and Zip Code	
		CWINSLOW@BETHESQ		
		E-maîl address: (	to be used for future annual report noti	fication)
For further in	formation c	oncerning this matter, please c	all:	
CAMERON			954 7403410 at ()	
	Name of	Person	Area Code Daytim	e Telephone Number
Enclosed is a	check for th	e following amount:		
□ \$25.00 Fi	iling Fee	S30.00 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

Be the Square Website Design, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 9/7/2016 and assigned Florida document number  $\underline{L}16000167292$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: BE THE SQUARE DIGITAL MARKETING, 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 new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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

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

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Filing Fee: \$25.00