L16000194271

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COVER LETTER

TO:	Registration Se Division of Cor		ŗ.				
		oast Digital LLC		,			
SUBJI	CT:	Name of Lim	ited Liability Company				
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please	return all correspo	ondence concerning this matter	to the following:				
		Shawna J Laethem					
			Name of Person				
		Emerald Coast Digital LLG					
			Firm/Company	· · · · · · · · · · · · · · · · · · ·			
		153 Shore Line Drive					
		Address					
		Mary Esther, Florida, 32569					
		Slaethem4@gmail.com	City/State and Zip Code				
		* -	to be used for future annual report not	ification)			
For fur	ther information c	oncerning this matter, please c	all:				
Shawn	a J Lacthem		850 699-0590				
	Name o	f Person		ne Telephone Number			
Enclose	ed is a check for th	ne following amount:					
≅ \$2	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
	Mailing Addres Registration S		<u>Street Address:</u> Registration Se	ction			
	District of C		Division - CC-				

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Emerald Coast Digital, LLC		
(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on ou rida Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liability		6 and assigned
Florida document number L16000194271	·	
his amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the l	imited liability company here:	
he new name must be distinguishable and contain the words "I	Limited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
 If amending the registered agent and/or registered and/or the new registered office address here 		, <u>enter the name of the new register</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	t address
		, Florida
	City	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 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
Manager	Couch, Ronald Arthur	153 Shore Line Drive, Mary Esther, FL 32569	🗀 Add
			■Remove
			□Change
			□Add
			□Remove
			🗆 Change
			□Add
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Effective date, if other than	the date of filing:		(option	nal)
f an effective date is listed, the date Note: If the date inserted in thi document's effective date on the	must be specific and can s block does not meet	mot be prior to date of fili t the applicable statutor	ng or more than 90 days after fi	ling.) Pursuant to 605.0207
record specifies a delayed effe d is filed.	ctive date, but not an	effective time, at 12:01	t a.m. on the earlier of: (b)	The 90th day after the
AA				; 3 ; 3 ;; 3
Dated	, _{&}	2021.		
				\$
		A-a		J.
	Signaturo of a mem	ber or authorized represe	entative of a member	<u> </u>
	Signaturgoi a mem	them.	entative of a member	<u>10</u> at

Filing Fee: \$25.00