

L17000001384

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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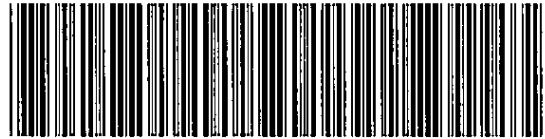
(Business Entity Name)

(Document Number)

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S. PRATHER

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**TO: Registration Section
Division of Corporations**

SUBJECT: CLIMB.DIGITAL.LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

RAFAELA CUBEZIN

Name of Person

RTM INTERNATIONAL LLC

Firm/Company

4764 WALDEN CIRCLE #436

Address

ORLANDO, FL 32811

City/State and Zip Code

translationsrtm@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RAFAELA CUBEZIN

407 968-9640

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**

CLIMB.DIGITAL, 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 01/03/2017 and assigned
Florida document number L17000001384.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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:

4764 Walden Circle #436

(Principal office address MUST BE A STREET ADDRESS)

Orlando, FL 32811

Enter new mailing address, if applicable:

4764 Walden Circle #436

(Mailing address MAY BE A POST OFFICE BOX)

Orlando, FL 32811

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:

RAFAELA CUBEZIN

New Registered Office Address:

14 E WASHINGTON ST - 2ND FLOOR

Enter Florida street address

ORLANDO

City

Florida 32801

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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Daniel Fernandes da Silva	Praca Ilha Brocoio, 101	<input checked="" type="checkbox"/> Add
		Rio de Janeiro - RJ - 21910-096	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Rudi Ribeiro	651 Braekel Way	<input type="checkbox"/> Add
		Lexington, FL 29072	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated JULY 19 2018

Typed or printed name of signee

Filing Fee: \$25.00

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