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S. WARREN SEP 15 2017

COVER LETTER .

то:	Registration So Division of Cor			
orin er	BITWORK DIGITAL L.L.C.			
SUBJE	CI:	Name of I	Limited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are	submitted for filing.	
Please r	eturn all correspo	ondence concerning this mat	ter to the following:	
		JACOB MCKEON		
			Name of Person	
		BITWORK DIGITAL ^[] I	L.C.	
			Firm/Company	
		501 AUSTIN STREET		
			Address	
		NORFOLK, VA 23503		
			City/State and Zip Code	
		-11	s: (to be used for future annual report noti	fication)
For furtl	ner information c	oncerning this matter, pleas	e call:	
JACOB MCKEON			817 5843144 at ()	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclose	d is a check for th	ne following amount:		
\$25.	00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 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		ration Section on of Corporations ox 6327	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**

BITWORK DIGITAL L.L.C.	
(Name of the Lim	ted Liability Company as it now appears on our records.) [(A Florida Limited Liability Company)
-	lability Company were filed on 05 JAN 2017 and assigned
Florida document number 1.17000004301	<u> </u>
This amendment is submitted to amend the foll	owing:
A. If amending name, enter the new name of	f 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 applic	able:
(Principal office address MUST BE A STREE	T 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, <u>enter the name of the new</u>
registered agent and/or the new registered of	
Name of New Registered Agent:	
Ni. Dania de 1005 - A III	
New Registered Office Address:	Enter Florida street address
	City Zip Code
New Registered Agent's Signature, if changing I	,
	dagent and agree to act in this capacity. I further agree to comply with the err and complete performance of my duties, and I am familiar with and
accept the obligations of my position as regi	stered 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	thange. 写著 经
	SEI SEI
	If Changing Registered Agent, Signature of New Registered Agent
	F01 12 12 12 12 12 12 12 12 12 12 12 12 12
	Page 1 of 3 골드 🐱

Page 1 of 3

If amendin or removed	g Authorized Person(s) authorized 1 from our records:	to manage, enter the title, name, and address of each person being added
MGR = M $AMBR = M$	Manager Authorized Member	
<u>Title</u>	Name	Address Hirains beach Type of Action
AMBR	ROBERT GODDARD	Address Uirgin beach Type of Action 3813 DONNINGTON DR. VIRGIT UP 23456 Add
		Remove
		Change
	į	Remove
		Remove
		Change
		Add
		Remove
		Change
		Remove
		Although Alt
		SSEE OF DEPRINGE
		STATIORIE STATION

D. If amer	ding any other information, enter	change(s) here: (Attach additional sheets, if	necessary.)
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(If an effective Note: I		nd cannot be prior to date of filing or more than 90 days meet the applicable statutory filing requirements,	
docume	in sometive date on the Department of	State & records.	
	ord specifies a delayed effective 90th day after the record is filed	date, but not an effective time, at 12:0)1 a.m. on the earlier of:
Dated	9/15/2017		
	Day 11		
	Signature of	member or authorized representative of a member	
	JACOB MCKEON		E FI
		Typed or printed name of signee	SEC.F.
		Page 3 of 3	ED PH 12: 95 0f State E, florida
		Filing Fee: \$25.00	35