11700097242

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

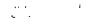
Office Use Only



600299819946

07/05/11--01020--5-1 *********

17 JUL -3 AM (1:49



COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	CRUIST DI GI Name of Lim	TAL AGENCY Company	15, LLC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
		BMAN Sni	14
		Firm/Company	ML AGENKTUS, LLL
		Riviena Dn. Address	
		City/State and Zip Code	34103
	E-mail address: (i	to be used for future annual report noti	Tal August Com
For further information of	concerning this matter, please ca		
Name o	MAN Smin	at (231) 250 Area Code Daytim	- 00 7 2 e Telephone Number
Enclosed is a check for t	he 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

<u> </u>	115 2 DIGITAL AGINCY US LLC
(<u>Name of the Limited</u>	Liability Company as it now appears on our records.) Florida Lamited Liability Company)
The Articles of Organization for this Limited Liab	oility Company were filed on <u>5-2-17</u> and assigned
This amendment is submitted to amend the follow	ring:
A. If amending name, enter the new name of t	he limited liability company here:
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applical	ole:
(Principal office address MUST BE A STREET	ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO	<u></u>
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter the name of the new ce address here:
Name of New Registered Agent:	70 H C
New Registered Office Address:	Enter Florida street address
	rmer rvorua vireei aaaresv
	, Florida

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, <u>enter the title, name, and address of each person_being added</u> or removed from our records:

MGR = Manager

AMBR = Authorized Member <u>Title</u> Name Address Type of Action Brad MILLER (0980 BURNT SIENNACIAL DANG CFO. NAPLES, FL 34109 □ Remove □ Change □ Add □ Remove _□ Change _□ Add _□ Change _□ Remove _ Change □ Add _□ Remove ☐ Change

							
			·			·	_
							_
							
						5.5	ā
						<u></u> ;	- 7
						1> ;; 	_€
						4.5. S.	٠,
						<u>Si</u>	<u></u>
							
						ပ (၂)	=
F 41 41 41	1 4 6 6 11					. 골간	61
s listed, the date must inserted in this blo	t be specific and ock does not m	cannot be prior neet the applic	able statuto	ing or more tha	m 90 days after til	ling.) Pursuant to	605.0207
oriana a state o de	1 -66			_a.t at ·	10/01 ·		salia f
		iate, but no	n an erre	cuve ame,	at 12:01 a.f	m, on the ea	arner or
			·	0			
	Q		5	8			_
	Signature of a n	nember or auth	o nzed f epres	entative of a m	ember		
	stisted, the date musinserted in this blookive date on the Detries a delayed after the reco	slisted, the date must be specific and inserted in this block does not not not be determined in the Department of Stiffies a delayed effective day after the record is filed.	inserted in this block does not meet the applicative date on the Department of State's records differ a delayed effective date, but not a after the record is filed.	stisted, the date must be specific and cannot be prior to date of fil inserted in this block does not meet the applicable statuto live date on the Department of State's records. State's records. State's records.	stisted, the date must be specific and cannot be prior to date of filing or more that inserted in this block does not meet the applicable statutory filing require date on the Department of State's records. diffies a delayed effective date, but not an effective time, y after the record is filed.	stisted, the date must be specific and cannot be prior to date of filing or more than 90 days after to inserted in this block does not meet the applicable statutory filing requirements, this clive date on the Department of State's records. diffies a delayed effective date, but not an effective time, at 12:01 a.u.y after the record is filed.	f other than the date of filing: stisted, the date must be specific and cannot be prior to date of filing or more than 90 days after tiling.) Pursuant to inserted in this block does not meet the applicable statutory filing requirements, this date will not be tive date on the Department of State's records. diffies a delayed effective date, but not an effective time, at 12:01 a.m. on the early after the record is filed.

Page 3 of 3

Filing Fee: \$25.00