

L17000117059

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

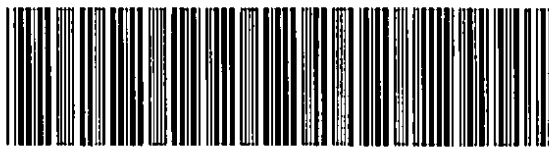
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300301343393

07/18/17--01023--002 **25.00

FILED
2017 JUL 18 PM 2:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY

JUL 21 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Digital Spider LLC
Name of ~~Foreign~~ Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Christina Arnold
Name of Person

Digital Spider
Firm/Company

1324 Verona St
Address

Daytona FL 32114
City/State and Zip Code

chrissy24k@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christina Arnold at (904) 403-9518
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- ☒ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Digital Spider LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2017 JUL 18 PM 2:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 5/26/17 and assigned
Florida document number L17000117059

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:

(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

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 Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction: _____

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change: _____

Title/ Capacity

Name

Address

Type of Action

MGR Michael J. Edmonds 1324 Verona St ☐ Add
Daytona, FL 32114

☒ Remove

MGR Juanita Arnold 2588 Springmont St ☐ Add
Jacksonville, FL 32208

☒ Remove

MGR Dauphine Arnold 2779 Lantana Lakes Dr. W ☐ Add
Jacksonville, FL

☒ Remove

MGR Isis Edmonds 1324 Verona St ☐ Add
Daytona, FL 32114

☒ Remove

☐ Add

☐ Remove

9. Attached is a certificate, if required, no more than 90 days old, evidencing the
aforementioned amendment(s), duly authenticated by the official having custody of records in the
jurisdiction under the law of which this entity is organized.

Christina Arnold

Signature of the authorized representative

Christina Arnold

Typed or printed name of signee

Filing Fee: \$25.00

FILED
2017 JUL 18 PM 2:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

FILED
2017 JUL 18 PM 2:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated _____

BY: _____

Christina Arnold

Signature of a member or authorized representative of a member

Christina Arnold

Typed or printed name of signee