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## **COVER LETTER**

то:	Registration Division of C	Section Corporations					
cumicz		AKIVA DIGITAL MARKETING AND COMMUNICATIONS, LLC					
SUBJEC	Name of Limited Liability Company						
The encl	osed Articles	of Amendment and fee(s) are sub	omitted for filing.				
Please re	tum all come	spondence concerning this matter	to the following:				
		Claudio O. Rosario, Esq.					
			Name of Person	<u> </u>			
		Rosario Legal, PLLC					
		<del></del>	Firm/Company				
		2828 Coral Way, Suite 20	6				
			Address				
		Miami, FL 33145					
			City/State and Zip Code	<del></del>			
		Claudio@RosarioLegal.cor		$\checkmark$			
		E-mail address: (	to be used for future annual report not	ification)			
For furth	er informatio	n concerning this matter, please c	all:				
Claudio	O. Rosario, I	isų.	305 934-3292				
	Nan	e of Person	at () Area Code Daytin	ne Telephone Number			
Enclosed	Lis a check fo	or the following amount:					
<b>■</b> \$25.0	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

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## AKIVA DIGITAL MARKETING AND COMMUNICATIONS, 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 $\frac{6/27/2017}{2}$ and assigned Florida document number $\frac{1.17000138876}{}$ 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 "LLC." 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

#### 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
AMBR	Loren Loran Pothusije	7552 Stirling Road, Suite 211 Davie, FL 33024	
			□ Remove
			Change
AMBR	Lolimar Marcano	7552 Stirling Road, Suite 211 Davie, FL 33024	Add
			Remove
			Change
			Add
			Remove
			Change
			Add
			☐ Remove
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			☐ Remove
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			Change

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Note:	April 22, 2019  ive date, if other than the date of filing:  (optional)  fective 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 (  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the next's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	··
	Signature of a member or authorized representative of a member
	Signature of a member or authorized correspondation of a member

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Typed or printed name of signee

Filing Fee: \$25.00