Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H18000190597 3)))



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June 28, 2018

FLORIDA DEPARTMENT OF STATE Division of Corporations

DIGITAL SCRAP LLC 2501 NW 41 ST MIAMI, FL 33142

SUBJECT: DIGITAL SCRAP LLC

REF: L17000224369

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing gover sheet.

The effective date must be specific and cannot be prior to the date of filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II FAX Aud. #: H18000190597 Letter Number: 618A00013455

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on o d Liability Company)	ur records.)	
The Articles of Organization for this Limited Liability Compar Florida document number L17000224369			and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company here:		
The new name must be distinguishable and contain the words "Limited Li-	sbility Company," the design.	ntion "LLC" or the abbr	eyiktion*"L.L.Ç."
Enter new principal offices address, if applicable:			<u> </u>
Principal office address MUST BE A STREET ADDRESS)	·	· .	C*
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
			y
maning man (sig 14:11 22 11 22			
B. If amending the registered agent and/or registered	office address on ou	r records, enter t	he name of the
R If amending the registered agent and/or registered	l office address on ou nere:	r records, enter t	he name of the
B. If amending the registered agent and/or registered registered agent and/or the new registered office address b	l office address on ou nere: Enter Florida s		he name of the
B. If amending the registered agent and/or registered registered agent and/or the new registered office address have of New Registered Agent:	<u></u>		he name of the

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>	Name	Address	Type of Action
AMBR	YENI BARBARA GUERRA	2501 NW 41 ST	Б БА Д
		MIAMI, FL 33142	□ Remove
			Change
			☐ Remove
			Change
			_□ Remove
		Change	
		Remove	
			Change
			Remove
		Change	
			Add
			Remove
			Change

	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
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L Effective If an offecti	date, if other than the date of filing:
Dated	6/11 2019
	famil hur
	Signature of a member or authorized representative of a member
	Karel Coultra
	Typed or printed name of signee
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