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COVER LETTER TO: Registration Section **Divisien of Corporations** SUBJECT: The enclosed Articles of Amendment and fee(s) are submitted for filing Please return all correspondence concerning this matter to the following For further information concerning this matter, please call: Enclosed is a check for the following amount: \$25.00 Filing Fee □ \$55.00 Filing Fee & □ \$30.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (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
Cliffon Building
266 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

DFC Digital Ted	and of open LC
(A Florida Limited Liabi	lity Company)
The Articles of Organization for this Limited Liability Company we Florida document number <u>L17000 24899</u> 6	re filed on $\frac{12/05/17}{}$ and assigned
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 C	ompany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	ī S
(Principal office address MUST BE A STREET ADDRESS)	B LLECK
_	AN ANT
	→ SEE OF D
Enter new mailing address, if applicable:	TE 70
(Mailing address MAY BE A POST OFFICE BOX)	TO A
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
 	, Florida
New Registered Agent's Signature, if changing Registered Agent:	zą code
I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete per	

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

	Authorized Person(s) authorized to m rom our records:	nanage, enter the title, name, and address of each person_being added
MGR = Ma	nnager µthorized Member	
<u>Title</u>	Name	Address Type of Action
MOR	Diego Lenis	1061 S Hawasse Rd XAdd
	J	# 1721 Remove
		Orlando, FC 32835 Change
		Add
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tive date, if other than ffective date is listed, the date	the date of filing: must be specific and o	cannot be prior to da	te of filing or more than	optional) 90 days after filing.) P	ursuant to 6053
: If the date inserted in the ment's effective date on the	is block does not me	eet the applicable			
ecord specifies a dela e 90th day after the		ite, but not an	effective time, a	it 12:01 a.m. or	the earlie
01/17		2018			
1— <i>VI</i>		<u>2018</u> . t. Volui			
	1 17		representative of a me	mber	
		E60 F. V	د ار		

Page 3 of 3

Filing Fee: \$25.00