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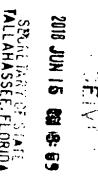
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Certified Copies	Certificates of	f Status
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COVER LETTER

Division of Corp	porations		
SUBJECT: <u>Nevec</u>	Peak Digital L	LC ted Liability Company	
The enclosed Articles of 7	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspor	idence concerning this matter t	o the following:	
	Dauso	Name of Person	
	Never Pea	K Digital LLC Firm/Company	
·	10526 Holly C	Cest Delve Address	
	Orlando, FL, 328	36	
	Vailson@Alphal	City/State and Zip Code Noil Media, Com) be used for future annual report notif	ication)
For further information co	ncerning this matter, please ca	II:	
Dawson T. All	en Person	at (<u>467</u>) <u>564-9.</u> Area Code Daytime	340 Telephone Number
Enclosed is a check for the	: 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:

TÓ:

Registration Section

Registration Section Division of Corporations 4.O. Box 6327 Tallahassee, F1, 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

iame of the Limited Liability Company as it now appears on our records.) The Articles of Organization for this Limited Liability Company were filed on 1/12/2018Florida document number <u>L.1800001a1aa</u> 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 . 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 comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar \widetilde{w} h and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, it this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the lingled liability *

If Changing Registered Agent, Signature of New Registered Agent

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
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				□ Remove
				Change
				Remove
				Change
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			AHASSE	E Graphange
			SSEE, FLORIDA	□ Add
			RIO	☐ Remove
				Change
			<u></u>	
				Change
				□ Remove

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 et. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list ument's effective date on the Department of State's records. record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earliested between the record is filed. and the specifies and the record is filed. All the date inserted in this block does not meet the applicable statutory filing or more than 90 days after this date will not be list unent's effective date will not be list unent's effective date on the Department of State's records.	if other than the date of filing:							
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Filing Fee: \$25.00