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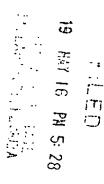
(Re	equestor's Name)	
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COVER LETTER

Adelson D	Digital LLC		
SUBJECT:	·—·	S. D. C. C.	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	Eboni Love		
		Name of Person	
	Adelson Digital LLC		
		Firm/Company	.
	335 Ives Dairy Road APT	7	
		Address	
	Miami, FL 33179		
		City/State and Zip Code	
	adelsondigital@gmail.com		
	E-mail address: (to be used for future annual report notif	ication)
for further information of	concerning this matter, please ca	all:	
Eboni Love		786 708-7055	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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 enclose

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 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

Adelson Digital LLC		
(Name of the Limited Lial (A Flor	bility Company as it now appears on our re- rida Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liability	Company were filed on 1-30-2018	and assigned
lorida document number L18000027376	 :	•
his amendment is submitted to amend the following:	:	
. If amending name, enter the new name of the li	imited liability company here:	5
		基
ne new name must be distinguishable and contain the words "L	limited Liability Company," the designation "	LLC" or the abbreviation "L.4.c."
nter new principal offices address, if applicable:		2 · 2 ·
Principal office address MUST BE A STREET AD	DRESS)	ن بن
		28
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
. If amending the registered agent and/or reg	gistered office address on our reco	ords, enter the name of the
gistered agent and/or the new registered office ac	ddress here:	
Name of New Registered Agent:		
Name of New Registered Agent:		
New Registered Office Address:	27 . 29 . 1	
	Enter Florida street ad	dress
		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

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	ADELSON, RAPHAEL	30338 RATTANA CT	
		WESLEY CHAPEL, FL 33545	■ Remove
			☐ Change
		-	□ Add
			Remove
			☐ Change
			2 2 2 B Remove
			Change
			Add
			☐ Remove
			☐ Change
		-	□ Add
			☐ Remove
			Change
			□ Add
			Remove
			□ Change

 	
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	28
ective date, if other than the date of filing:	(optional)
te: If the date inserted in this block does not meet the applica cument's effective date on the Department of State's records.	
•	
record specifies a delayed effective date, but not The 90th day after the record is filed.	an effective time, at 12:01 a.m. on the earlier
led May 13 / 2019	=>
	rized representative of a member

Page 3 of 3

Filing Fee: \$25.00