## 48000099970

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## **COVER LETTER**

TO: <sup>†</sup> Registration Sec Division of Corp				
SUBJECT:		Digital Media ited Hability Company		
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:	•	25
	5900 S	Name of Person  Salty Digital Y  Firm/Company  Address	· · ·	23 OCT -5 A 7 KO
	St. P.  Jenni  E-mail address: (	etersburg, FL  City/State and Zip Code  SerSHASSON B GW  to be used for future annual reportmotifi	33710 Nail. Com	
For further information co	oncerning this matter, please co	all:		
Jenny Name of	Person	at ( <u>727</u> ) <u>54</u> Area Code Daytime	3 4.822 Telephone Number	-
Enclosed is a check for th	e following amount:  S30.00 Fiting Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing For Certificate of \$ Certified Copy (additional copy is	tatus &

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

Salty Digita	1 Media	<del></del>
(Name of the Limited Flatolity Con (A Florida Limite	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa Florida document numberL\_9000_99970	any were filed on 4120119	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	NIP	90 1
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:	NIA	177
(Principal office address MUST BE A STREET ADDRESS)	,	
		.2E
	?	
Enter new mailing address, if applicable:	NIA	
(Mailing address MAY BE A POST OFFICE BOX)		
	·	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address have of New Registered Agent:		the name of the
N D 1 1000 111		
New Registered Office Address:	Enter Florida street address	
	Florida	
	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Age		
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple		

If Changing Registered Agent, Signature of New Registered Agent

accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document 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>	Name	Address	Type of Action
MGR	Jennifer Hasson	5900 J7th ter. N St. Petersburg : FL 33710	<b>S</b> Add
			☐ Remove
			🗆 Change
			D <sub>A</sub> dd
			Add
			ن کا استان
		; 	Add
			□ Remove
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N/A	
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	· 0
Tective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be prior to date of filing or more the state. If the date inserted in this block does not meet the applicable statutory filing requirement's effective date on the Department of State's records.	(optional) nan 90 days after filing.) Pursuant to 605.t uirements, this date will not be listed
e record specifies a delayed effective date, but not an effective time The 90th day after the record is filed.	, at 12:01 a.m. on the earlie
pated 10/2/19.	
Signature of a member or authorized representative of a	member
Jennifer S Hasson Typed or printed name of signer	

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Filing Fee: \$25.00