

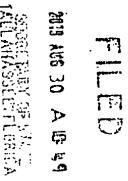
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SEP 1 3 2018

COVER LETTER

TO:	Registration Se Division of Cor			
CLUNI				
SUBJ	F.C1:	Name of Lim	ited Liability Company	
The er	nclosed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		BRENDA NELSON		
			Name of Person	
		KOI AMERICAS		
			Firm/Company	
		150 SE 2ND AVE SUITE	300	
			Address	
		MIAMI, FL 33131		
			City/State and Zip Code	
		BRENDA@KOIAMERICA		
		E-mail address: (to be used for future annual report notific	cation)
For fu	rther information co	oncerning this matter, please co	all:	
BREN	NDA NELSON		305 438-7944 at ()	
	Name of	l'Person	Area Code Daytime	Telephone Number
Enclos	sed is a check for th	e following amount:		
□ \$ 2	5.00 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:

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

FILED

KOLAMERICAS FLORIDA, LLC

(Name of the Limited Liability Company as it now appears on our reaching 30 A D 19

The Articles of Organization for this Limited Liability Compa	ny were filed on MIAMI,	SBOREFARY OF STAFE FERRIDATASSEET ELIFELEA	
Florida document number L18000166712	ny were med on	and assigned	
riorida document fidinoer			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company here:		
IXS DIGITAL FLORIDA, LLC			
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designati	on "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:	150 SE 2ND AVE SU	TTE 300	
(Mailing address MAY BE A POST OFFICE BOX)	MIAMI, FL 33131		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address have of New Registered Agent: New Registered Office Address:		records, <u>enter the name of the ne</u>	
New Registered Office Address.	Enter Florida stre	street address	
		, Florida	
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent	nt:		
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered officompany has been notified in writing of this change.	ete performance of my du is provided for in Chapte	ties, and I am familiar with and r 605, F.S. Or, if this document is	

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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
AMBR	EDWIN F MIRANDA REYES	150 SE 2ND AVE SUITE 300 MIAMI, FL 33131	= Add
			☐ Remove
			Change
			□ Add
			☐ Remove
			□ Change
			Add
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ffective date, if other than the can effective date is listed, the date must ote: If the date inserted in this blo ocument's effective date on the De	be specific and cannot be p ck does not meet the app	rior to date of filing or olicable statutory fil	more than 90 days after	filing.) Pursuant to 605.02
e record specifies a delayed The 90th day after the reco		not an effective	time, at 12:01 a	o.m. on the earlier
AUGUST 27	2019			
ncu	·	·	Gh.	
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Page 3 of 3

Filing Fee: \$25.00