L18000167496

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DATE:

3/19/20

NAME:

Q9 DIGITAL LLC

TYPE OF FILING: AMENDMENT

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO:

Registration Section

Division of Cor	porations					
Q9 DIGITA	NL LLC					
SUBJECT:	Name of Lin	nited Liability Company	 			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	Louis L. LaFontisee, III					
		Name of Person				
	Louis L. LaFontisee, Jr. A	ttorney at Law				
	· · · · · · · · · · · · · · · · · · ·	Firm/Company	.			
	3121 Commodore Plaza, S	Suite 301				
		Address	 			
	Miami, FL 33133					
		City/State and Zip Code				
	louisjr@lafontisee-law.com	to be used for future annual report no	difference			
For further information c	oncerning this matter, please c	·	ancaron,			
Louis L. LaFontisee III		786 473-1540				
Name of Person		at () Area Code Dayti	me Telephone Number			
Enclosed is a check for th	ne 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 Addres Registration S	Section	Street Address: Registration S				
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee				
Tallahassee, I		2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Q9 DIGITAL LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{07/11/2018}{1}$ and assigned Florida document number £18000167496 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 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
MGR	RESYIELD LLC, A CALIFORNIA LIMITED LIABILITY COMPANY	242 LAUREL ST. SAN FRANCISCO, CA 94104	□Add
			■Remove
			□Change
MGR RESYIELD L A FLORIDA LIM	RESYIELD LLC. A FLORIDA LIMITED LIABILITY COMPANY	14 S MARINA DR, KEY LARGO, FL 330371	≣Add
			Add 2020 Remove
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Effective date if other than t	he date of filing:			(ontio	nall	
Effective date, if other than t If an effective date is listed, the date r Note: If the date inserted in this	nust be specific and ca	nnot be prior to da	te of filing or more	than 90 days after (iling.) Pursua	int to 605,02
document's effective date on the			statutory ming re	equirements, tins	date will in	n de fisieu
e record specifies a delayed effector is filed.	tive date, but not an	effective time,	it 12:01 a.m. on	the earlier of: (b)	The 90th	day after th
Ta is med.						
		2020				
Dated	· _	·				
Dated March 19	<u> </u>	1	111			

Filing Fee: \$25.00