

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status

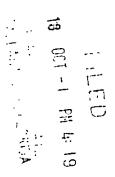
<u></u>
Special Instructions to Filing Officer:

Office Use Only



700318816787

10/01/18--01034--015 **25.00



COVER LETTER

TO:	Registration Se Division of Cor							
SUBJE		Digital Transformation, LLC						
SUBJE	.c.:	Name of Lim	ited Liability Company					
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.					
Please	return all correspo	ondence concerning this matter	to the following:					
		John G Schmidt						
			Name of Person					
			Firm/Company	 -				
		20164 Buttermere Ct						
			Address					
		Estero, FL 33928						
		jschmidt163@gmail.com	City/State and Zip Code					
E-mail address: (to be used for future annual report notification)								
For fur	ther information c	oncerning this matter, please c	all:					
John C	Schmidt		612 730-7398					
	Name o	f Person	at ()	Telephone Number				
Enclose	ed is a check for th	ne following amount:						
■ \$25	5.00 Filing Fee	S30.00 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)				
	MAIL	ING ADDRESS:	STREET/COURIE	ER ADDRESS:				

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Proactive Digital Transformation,			
(Name of the Lim	ited Liability Company (A Florida Limited Lia	as it now appears on our r bility Company)	ecords,)
The Articles of Organization for this Limited I Florida document number <u>L18000219195</u>	Liability Company w	ere filed on September 1	4, 2018 and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liabili	ty company here:	
The new name must be distinguishable and contain the	words "Limited Liability	Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	Organization for this Limited Liability Company were filed on September 14, 2018 and assigned int number L18000219195 It is submitted to amend the following: It is submitted to amend the following: It is distinguishable and contain the words "Limited Liability Company here: It is distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." or the abbreviation "LLC." or the abbreviation "LLC." It is address, if applicable: It is add		
(Principal office address MUST BE A STRE	ET ADDRESS)	<u>. </u>	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u>CBOX)</u>		3: - 0
	•		<u> </u>
		ce address on our re	cords, enter the name of the new
Name of New Registered Agent:	John G Schmidt		
New Registered Office Address:	20164 Buttermere	: Ct	
		Enter Florida street a	
	Estero	<u> </u>	_, Florida
		City	Zip Code
New Registered Agent's Signature, if changing	Registered Agent:		
I hereby accept the appointment as register provisions of all statutes relative to the pro- accept the obligations of my position as reg being filed to merely reflect a change in the company has been notified in writing of this	per and complete po istered agent as pro registered office ac	erformance of my dutie ovided for in Chapter (es, and I am familiar with and 605, F.S. Or, if this document is

Page 1 of 3

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>	<u>Address</u>	Type of Action
MGR	Sonia Schmidt	20164 Buttermere Ct Estero FL 33928	Add
			Remove
			☐ Remove
			☐ Change
			Remove
			Change
			Remove
			☐ Change
			Add
			□ Remove
			☐ Change
			□ Add
			□ Remove
			Change

					···						_
								-			_
											_
											_
	12.2			-							_
											-
-			·····		·						-
											_
										6	<u></u>
									·	8	
									·		_ `~
										-	Ç <u>.</u>
											on 19
							•			7"	ص -
										·	-
	· · · · · · · · · · · · · · · · · · ·										_
		. <u></u>									
								•			
n effective d	te, if other ti late is listed, the	date must be	specific and	l cannot be	prior to date	of filing or 1	nore than 90	(optio days after f	iling.) Pur	suant to 60	5.0207
ote: If the o	date inserted i ffective date o	n this block on the Depar	does not r tment of S	neet the ap State's reco	oplicable st ords.	atutory fili	ng requirem	ents, this	date will	not be lis	ted as
	pecifies a d day after t				not an e	effective	time, at 1	l2:01 a.	m. on	the earl	ier o
Septer sted	nber 28	, ,		2018							
		7) \		1) (

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00