180002414 Division of Corporations

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Phone

Fax Number : (855)330-1010

er the email address for this business entity to be used annual report mailings. Enter only one email address please.** **Enter the email address for this business entity to be used for future

Email Address: ____

EXAMINER

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DIGITAL ESTATES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Digital Estates, LLC			
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company	were filed on 10/12/2018	and assigned	
Florida document number L18000241415			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the a	bbreviation "L.L.C."	_
Enter new principal offices address, if applicable:	11100 SW 93rd Court Rd.		
(Principal office address MUST BE A STREET ADDRESS)	Suite 10-231		_
	Ocala FL 34481-5188		_
		016 (
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		<u> အို≥် ယ</u> — ကြ	<u>; </u>
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B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	mice address on our records, <u>enter</u> e:	The pame of the	nev
		7.	
Name of New Registered Agent:			_
New Registered Office Address:	Enter Florida street address		
	, Florida	Zin 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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			☐ Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
			□ Add
			Remove
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			FAdd A
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nent's effective date on the Departr	ment of State's records	s.			
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90th day after the record i			-,		
October 31	2018				
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Filing Fee: \$25.00