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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: RYLO D	Same of Limited Liability Company	
The enclosed Articles of Amendment at Please return all correspondence concer	•	
Treate retain an correspondence conces		
	Ogan HartsField Name of Person	
	410 Digital LLC Firm/Company	
3(095 Shamrock Street Not	2020 DEC 21 PM 4: 12 SESSITATIVE OF STATE
Tal	Mahassee Florida 32309	21 PM
_Mor	E-mail address: (to be used for future annual report notification)	4: 12 STATE
For further information concerning this	matter, please call:	•
LOYAN HANTS F	at (850; 510 - 2669 Area Code Daytime Telephone Number	
Enclosed is a check for the following as		
□ \$25.00 Filing Fee	(additional copy is enclosed) Certified C	of Status &
Mailing Address: Registration Section	Street Address: Registration Section	
Division of Corporations	Division of Corporations	

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Rulo Digital	LLC				
(Name of the Limited Lia (A Flo	bility Company as rida Limited Liabilit	it now appears on ou y Company)	r records.)		
The Articles of Organization for this Limited Liability Florida document number $\frac{190002}{19000000000000000000000000000000000000$	y Company were 60283	filed on	6-18	and ass	igned
This amendment is submitted to amend the following	•				
A. If amending name, enter the new name of the l	imited liability c	company here:			
Nonstop Builets The new name must be distinguishable and contain the words "	LLC				
The new name must be distinguishable and contain the words "l	Limited Liability Co	mpany," the designati	on "LLC" or the abb	reviation "L.I	L.C."
Enter new principal offices address, if applicable:		NA	· · -		
(Principal office address MUST BE A STREET AD	DRESS)	· · · · · · · · · · · · · · · · · · ·			
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u> B. If amending the registered agent and/or registe	ered office addre	N A	, enter the name		TI T
agent and/or the new registered office address her	<u>e</u> :				
Name of New Registered Agent: New Registered Office Address:	N/A 	Enter Florida stree		. 1 Ln	
	101) N	Florida	Zip 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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AM	NA	NA	□Add
			□Remove
			☐ Change
			□Add
			Remove
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			2020 DEC SECRETI
			SECRETARY OF STATE TALL AHAS SEE, FL
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ian the date of filing: (optional	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after t	AHASSEE, FL optional. after filing.) F	Pursuant to

Page 3 of 3

Filing Fee: \$25.00