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COVER LETTER

	egistration Se ivision of Cor				
CIID IFC"	EDP Digita	HLLC			
SUBJECT	•	Name of Lim	ited Liability Company		
		Amendment and fee(s) are sub			
· · · · · · · · · · · · · · · · · · ·		Janet Kukec			
		EDP Digital LLC	Name of Person		
		8739 Woodmont Ln	Firm/Company	-1	et on 🕦
		Port Richey, FL 34668	Address		B BC 2
		info@edpdigitalmedia.com			6 PA
For further	information c	E-mail address: (oncerning this matter, please ca	to be used for future annual report notal	ication)	6: 22
Janet Kuk	ec		727 376-3712 at ()		
	Name o	f Person	Area Code Daytim	: Telephone Number	
Enclosed i	s 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)	Certified C	of Status &

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

(Name of the Limited Liability Cor (A Florida Limit	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa L18000289696	any were filed on December 18, 2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		<u></u>
Enter new mailing address, if applicable:		FILL DEC 26 JANASSI
(Mailing address MAY BE A POST OF FICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		6: 2
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City	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, <u>enter the title, name, and address of each person_being added or removed from our records:</u>

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Karl Kukec	8739 Woodmont Ln Port Richey, FL 34668	□ Add
			■ Remove
		 :	☐ Change
			Add
			☐ Remove
		Change	
	 		Add
			Charge 26 PM 6:002
		☐ Remove	
		☐ Change	
		 -	□ Add
		-	☐ Remove
			Change.

	tending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Everything stays the same EXCEPT that I am removing Karl Kukec's name as an AMBR.
	ASS 8 FO 9
	NAME OF THE PERSON OF THE PERS
	SEC. 0 III
	10 A
	Same as original filing. I made a mistake by including Karl in the first filing.
	January 1, 2019
(If an ef <u>Note:</u>	tive date, if other than the date of filing: (optional) (fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)(If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
fthe re b) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	December 21, 2018 1:02
	Signature of a member or authorized representative of a member
	Janet Kukec

Page 3 of 3

Filing Fee: \$25.00