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| PICK-UP | WAIT | MAIL |
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| Certified Copies | Certificate | s of Status |
| Special Instructions to Filin | g Officer: | |
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Office Use Only



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COVER LETTER

Registration Section Division of Corporations

TO:

| SUBJECT: DIG | I REACH MARKETING L | .LC | | | |
|-------------------------------------------------------------------------------|-------------------------------------------------|-----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|--|--|
| | Name of Lim | ited Liability Company | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | | | |
| Please return all correspondence | ondence concerning this matter | to the following: | | | |
| | LOVETTE DO | DBSON | | | |
| | | Name of Person | | | |
| | INCFILE.CO | M LLC | | | |
| | | Firm/Company | | | |
| | | | | | |
| | | | | | |
| HOUSTON, TX 77064 | | | | | |
| | | City/State and Zip Code | | | |
| | EFILE123 | 4@INCFILE.COM to be used for future annual report noti | Carrier San | | |
| | | | ication) | | |
| For further information | concerning this matter, please c | all: | | | |
| LOVETT | E DOB\$ON | at (855) 829-9090 | | | |
| Name | of Person | Area Code Daytim | e Telephone Number | | |
| Enclosed is a check for | the following amount: | | | | |
| | □ \$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 Addre Registration Division of O P.O. Box 63 Tallahassee, | Section Corporations 27 | Street Address: Registration Se Division of Cor The Centre of 1 2415 N. Monro Tallahassee, FI | rporations Fallahassee e Street, Suite 810 | | |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| DIGI REACH MARKETING | | | |
|-----------------------------------------------------------------------------------------|--------------------------------|--------------|-------------|
| (Name of the Limited Liability Company as it now a (A Florida Limited Liability Comp | uppears on our records.) any) | | |
| The Articles of Organization for this Limited Liability Company were filed o | on01/22/2019 | and | d assi; |
| Florida document numberL19000022545 | | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liability compar | ny here: | | |
| SOUTH PORT TRADING COMPANY, LLC | | | - 1 |
| The new name must be distinguishable and contain the words "Limited Liability Company," | the designation "LLC" or the | abbreviatio | n:"L.L. |
| Enter new principal offices address, if applicable: | | | |
| (Principal office address MUST BE A STREET ADDRESS) | | · · · | · |
| | | | |
| | | · | <u>ښ –</u> |
| Enter new mailing address, if applicable: | | | ¢T. |
| (Mailing address MAY BE A POST OFFICE BOX) | | | |
| | | | |
| | | <u></u> | |
| B. If amending the registered agent and/or registered office address on o | our records, enter the nai | me of the | new r |
| agent and/or the new registered office address here: | | | |
| | | | |
| Name of New Registered Agent: | | _ | |
| New Registered Office Address: | | | |
| Ente | r Florida street address | | |
| | , Florida | | |
| City | · | Zip C | ode |

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 w provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document 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

or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of |
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| | | date of filing | ·: | | | option Odays after fi | al) | |
| `an effective date <u>Note:</u> If the dat | if other than the is listed, the date must e inserted in this bloctive date on the De | be specific and ock does not m | cannot be prior neet the applic | to date of filing able statutory | | | | |
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Filing Fee: \$25.00