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C. GOLDEN FEB 2 3 2019

## **COVER LETTER**

Div	ision of Corp	porations		
v elib (PCT)		ING AND TRUST III, LLC		
SUBJECT:		Name of Limi	ted Liability Company	
The enclose	d Articles of a	Amendment and fee(s) are subt	nitted for filing.	
Please returi	n all correspo	ndence concerning this matter t	to the following:	
		MARIA ESPOSITO		
		IRA FINANCIAL GROUP	Name of Person	
			Firm/Company	
		1691 MICHIGAN AVE., S	• •	
			Address	
		MIAMI BEACH, FL 3313	9	
		LLC@IRAFINANCIALGR		_
		E-mail address: ()	to be used for future annual report noti	fication)
For further	information c	oncerning this matter, please co	ill:	
MARIA ES	SPOSITO		305 330-4913	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is	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)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	31311	INC ADDRESS:	STREET/COUR!	ER ADDRESS:

MAILING ADDRESS:

TO:

Registration Section

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

FILED

DIG HOLDING AND TRUST III, LLC

<sup>2019</sup> FEB 19 PM 4: 55

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on February 5, 2019 and assigned Florida document number L19000035790 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: DIG HOLDING & TRUST III, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the ne registered agent and/or the new registered office address here: N/A Name of New Registered Agent: New Registered Office Address: Enter Florida street address Cirv

## 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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name N/A	Address	Type of Action
	N/A		□ Add
			□ Remove
			Change
			☐ Remove
			Change
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			☐ Remove
		<del></del>	☐ Change
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			Add
			□ Remove
			Change

E. Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or mure than 90 days after filing.) Pursuant to 605/0207  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's revords.  If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of (b). The 90th day after the record is filed.  Dated  2/14  2019  Statut of a member or authorized representative of a member.		
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$\mathcal{N}_{2}$	If the reco (b) The S	90th day after the record is filed.
Signature of a member or authorized representative of a member	Dated _	2/14.2019.
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Page 3 of 3

Filing Fee: \$25.00