

L190000046905

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

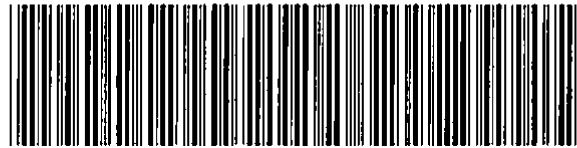
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Datamize, LLC.  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Bill Antar, CPA  
Name of Person

Cape Coral Tax &  
Accounting Services, LLC.  
3306 Del Prado Blvd. South  
Cape Coral, FL 33904

City/State and Zip Code

billantar@cape taxes. com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bill Antar, CPA at ( 239 ) 540-7500  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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)

**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**

**DATAMIZE, LLC.**

The undersigned managing member of the organization hereby amends the articles of organization of the above referenced Limited Liability Company pursuant to Chapter 605, *F.S.* of the laws of the State of Florida as follows:

The Articles of Organization for this Limited Liability Company were filed on 02/18/2019 and assigned Florida document number L19000046905.

The amendment is submitted to amend the managing member of the organization.

**DATE OF ADOPTION OF AMENDMENT**

The Amended changes below are to be effective the date filed with Florida Department of State.

**CHANGES TO ADDRESS**

The Principal Address of the entity shall hereby be:

Datamize, LLC  
515 North Flagler Dr  
Suite P300  
West Palm Beach, FL 33401

The Mailing Address of the entity shall hereby be:

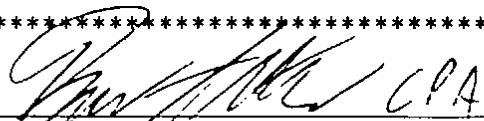
Datamize, LLC  
515 North Flagler Dr  
Suite P300  
West Palm Beach, FL 33401

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TALLAHASSEE, FLORIDA

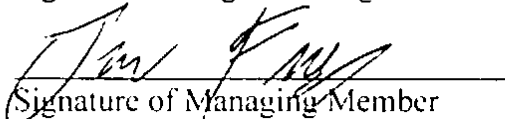
The Address of the AMBR shall hereby be:

FONTZ, JUDAH J  
515 North Flagler Dr  
Suite P300  
West Palm Beach, FL 33401

\*\*\*\*\*

 CPA  
Signature of Registered Agent

9/28/23  
Date

  
Signature of Managing Member

9-28-23  
Date

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TALLAHASSEE, FLORIDA