1190000 12698

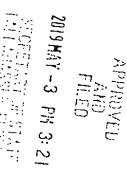
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





300327231473

04/03/19--01012--011 **∂5.00



T GLASS MAY 0 6 2019



April 11, 2019

NADIA PAZOS 800 DOUGLAS RD SUITE 830 MIAMI, FL 33134

SUBJECT: DIGITAL SPV, LLC Ref. Number: L19000072698

We have received your document for DIGITAL SPV, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call. (850) 245-6052.

Tacarri K Glass Regulatory Specialist II

Letter Number: 819A00007337

RECEIVED MAY 0 3 7019 2019 KAY -3 PH 3: 2

AND FILED

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Digital SP 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:		
Nadia Pazos Name of Person Pazos Laus Group, P.A. Furn/Company Bod Douglas Rd, Suite 830 Address Address City/State and Zip Code Nadia Q. Pazos I a La Q. D. Company E-mail andress: to be used for future annual report notification)	2019 Kảy –	
For further information concerning this matter, please call:	Υ – 3	三三
Area Code Daytime Telephone Number Enclosed is a check for the following amount:	3 PH 3: 21	CEO SO
Entitioned is a check for the following amount		

☐ \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

\$25.00 Filing Fee

☐ \$30.00 Filing Fee &

Certificate of Status

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

□ \$60.00 Filing Fee,

Certified Copy

Certificate of Status &

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Digital SPV , LLC		
(Name of the Limited Liability Co	mpany as it now appears on our records. ited Liability Company)	.)
The Articles of Organization for this Limited Liability Comp Florida document number <u>L19000072698</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited E	Liability Company," the designation "LLC"	or the abbreviation "L.I. C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u></u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	ed office address on our records here:	enter the name of the new
registered agent and/or the new registered agent		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	3
	. File	orida
-	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 Apthorized 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
MGR	Nadia Pazos	800 Douglas Road	
		N	Add
		Miami, FL 33134	■ Remove
			B Remove
			Change
MGR	Mario Pazos	S00 Douglas Road	
NICK			B Add
		Miami, FL 33134	_
			□ Remove
			Change
		·	□ ∆d₫
			□ Remove
			三 四 四 日 三 日
			☐ Change 😁
			□ Add ⊠,[1]
			
			□ Remóve

			□ Change
			□ Add
			□ Remove
			Change
			Add
			☐ Remove
			☐ Change

9 HAY - 3 PH 3: 21

age 3 of 3

Filing Fee: \$25.00