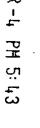
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

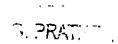
Office Use Only



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COVER LETTER

Divis	sion of Cor	porations		
SÜBJĒĆT:	UMMO DI	GITAL LLC		
			ited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return a	all correspo	indence concerning this matter	to the following:	
		Luis Libreros		
			Name of Person	
		UMMO DIGITAL LLC		
			Firm/Company	
		815 N. HOMESTEAD BL	VD #334	
			Address	
		HOMESTEAD, FL 33030		
		info@ummodigital.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	ication)
For further inf	ormation c	oncerning this matter, please co	all:	
Luis Libreros			786 4069680	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a c	check for th	e following amount:		
□ \$25.00 Fil	ing 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

Registration Section

TO:

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

STRÉET/COURIER ADDRÉSS:

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

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

UMMO DIGITAL LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A FI	lorida Limited Liability Company)		
The Articles of Organization for this Limited Liabili Florida document number 1.19000072996	ity Company were filed on $\frac{3/21/201}{}$.	and assigned 5	
This amendment is submitted to amend the following	g:		
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 Liability Company," the designal	ion "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable	<u></u> _		
(Principal office address MUST BE A STREET A)	DDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	0		
B. If amending the registered agent and/or r registered agent and/or the new registered office		records, enter the name of the new	
Name of New Registered Agent:	· <u>-</u>		
New Registered Office Address:			
	Enter Florida street address		
<u></u>		, Florida	
Now Designated Agent's Signature if shanging Design	City	Zip Code	
New Registered Agent's Signature, if changing Register			
I hereby accept the appointment as registered ag provisions of all statutes relative to the proper an accept the obligations of my position as registere	nd complete performance of my di	ities, and I am familiar with and	

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 fitte, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGR	LIBREROS, LUIS	815 N. HOMESTEAD BLVD #334 HOMESTEAD, FL 33030	■ Add
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	an the date of filing:	(option or more than 90 days after	onal)
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in effective date is listed, the obte: If the date inserted in cument's effective date of record specifies a de-	this block does not meet the applicable state the Department of State's records. elayed effective date, but not an ef	lutory filing requirements, this	s date will not be listed as
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Page 3 of 3

Filing Fee: \$25.00