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## **COVER LETTER**

Div	ision of Cor	porations		
SUBJECT:	Wiquizona,	LLC		
SUBJECT		Name of Lim	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
		ondence concerning this matter	_	
r icase returi	ran correspo	indence concerning this matter	to the following.	
		Jose Tavarez		
		<del></del>	Name of Person	· · · · · · · · · · · · · · · · · · ·
			Firm/Company	
		1900 SW 8th St Unit E140	13	
			Address	
		MIAMI, FL 33135		
		ACCEPANA NOVA CALLAND	City/State and Zip Code	
		JOSETAVAREZI@HOTM E-mail address: (	IAIL.COM to be used for future annual report n	otification)
For further is	nformation c	oncerning this matter, please c		
JOSE TAVA	AREZ		617 501-7377 at ()	
	Name o	f Person	Area Code Day	time Telephone Number
Enclosed is a	i check for th	ne following amount:		
□ \$25.00 I	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
	iling Addres gistration S		Street Address: Registration S	

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

TO:

Registration Section

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OF 2028 C 1125 (1110: 20)

WIQUIZONA, LLC

(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 March 27, 2019	and assig
Florida document number 1.19000085215	were filed on	and assig
riorida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
DIGIMT, LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" o	or the abbreviation "L.L.
Enter new principal offices address, if applicable:	1900 SW 8TH ST UNIT E1403	
(Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL 33135	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter th</u>	e name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flor	ida
<del></del>	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 provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this documbeing 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person beior removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of A
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			□Remo
			□Chanş
			□Add
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			□Chan <sub>i</sub>
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Note:	ive date, if other than the date of filing:
he recor ord is fi	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day afte led.
Dated	JUNE 19 2020
	Signature of a member or authorized representative of a member
	Signature of a member of authorized representative of a member

Filing Fee: \$25.00