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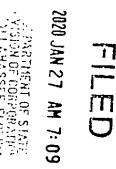
(Requestor's Name)
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(City/State/Zip/Phone #)
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(Document Number)
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FEB 2 2 2020 S. YOUNG

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:		TON DIGITAL LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of /	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
	SHIKHA VARSHNEY		
		Name of Person	
	RIGHTTAXMATE		
		Firm/Company	
	633 E FERNHURST DR	, SUITE 1001	
		Address	
	KATY, TX 77450		
		City/State and Zip Code	
	SHIKHA@RIGHTTAXMA		
	E-mail address: (to be used for future annual report not	ification)
For further information co	ncerning this matter, please co	all:	
SHIKHA VARSHNEY		346 346-331-45	
Name of	Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for the	e 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 S		Street Address: Registration Sc	ection
Division of Co	orporations	Division of Co	•
P.O. Box 6327 Tallahassee, F		The Centre of 2415 N. Monro	Fallahassee be Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2

OF	202 500 500
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Liability Company as it now appears on our records.) Florida Limited Liability Company)	N27
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ds "Limited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
ole:	
ADDRESS)	
<u> </u>	
istered office address on our records, <u>enter the</u> <u>here</u> :	name of the new registered
P . P . I II	
, Florid	Zip Code
	Liability Company as it now appears on our records.) Florida Limited Liability Company) idity Company were filed on MARCH 27,2019 ing: the limited liability company here: ds "Limited Liability Company." the designation "LLC" or ole: ADDRESS) istered office address on our records, enter the here: Enter Florida street address

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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	DESHMUKH, SUMIT		□Add
		13510 SMALL MOUTH WAY RIVERVIEW, FL 33569	
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			□Change
			🗆 Add
			□Remove
			Add
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			□ Change
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Effective	e date, if other the	an the date of	filing:	ior to data of tilin	u or more than 90	(optional)	VPurcuant to 605 000
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Filing Fee: \$25.00