

L19000 101310

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

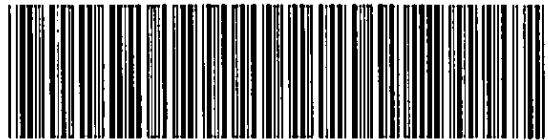
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAY 10 2019  
C. McNAIR

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Digital Hustles 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:

Marcos Merlo

Name of Person

Digital Hustles LLC

Firm/Company

7610 Leon Ave

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Address

Temple Terrace, FL 33637

City/State and Zip Code

marcos@digitalhustles.co

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marcos Merlo	863	244-8265
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

## Digital Hustles

Page 1 of 3

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Marcos J Merlo	7610 Leon Ave Temple Terrace, FL 33637	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		Change title from CEO to AMBR	<input checked="" type="checkbox"/> Change
AMBR	Juan Rodriguez, Jr.	1690 SW Reynolds St. Arcadia, FL 34266	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		Change title from CFO to AMBR	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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TALLAHASSEE, FLORIDA

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated April 26th 2019

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Typed or printed name of signer