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COVER LETTER

TO:	Registration Se Division of Cor			
627 1 FX 1	Digital Hus			
SUBJ	ECT:		ited Liability Company	-
The er	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Marcos Merio		
		Digital Hustles LLC	Name of Person	
		Digital Hustles LDC		
		7610 Leon Ave	Firm/Company	.
		Temple Terrace, FL 33637	Address	
		marcos@digitalhustles.co	City/State and Zip Code	
		E-mail address: (to be used for future annual report noti-	fication)
For fu	rther information c	oncerning this matter, please ca	all:	
Marco	os Merlo		863 244-8265 at ()	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclos	sed is a check for th	ne following amount:		
■ \$2	5.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Digital Hustles		
(<u>Name of the Limited Liabi)</u> (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number L19000101310	Company were filed on April 12th, 2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LAC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		7s <u>→</u>
(Principal office address MUST BE A STREET ADD)	RESS)	APR 29
Enter new mailing address, if applicable:		Ca z m
(Mailing address MAY BE A POST OFFICE BOX)		15
B. If amending the registered agent and/or registered agent and/or the new registered office add Name of New Registered Agent:		the name of the r
New Registered Office Address:		
	Enter Florida street address	
	Florida	
	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 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>	Type of Action
AMBR	Marcos J Merlo	7610 Leon Ave Temple Terrace, FL 33637	
			Remove
		Change title from CEO to AMBR	🛱 (Thange
AMBR	Juan Rodriguez. Jr.	1690 SW Reynolds St. Arcadia, FL 34266	Add
			Remove
		Change title from CFO to AMBR	ASS → Ohansers
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Sective date, if other than the date in effective date is listed, the date must be set. If the date inserted in this bloc cument's effective date on the Dep	e specific and cannot be pried to does not meet the appli	r to date of filing or m cable statutory filin	(option one than 90 days after to g requirements, this o	ling.) Pursua	mt to 60 1 be lis	5.0207 ted as
record specifies a delayed e The 90th day after the recor		ot an effective t	ime, at 12:01 a.	m. on the	e earl	ier of
ted April 26th	2019	·				
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Page 3 of 3

Filing Fee: \$25.00