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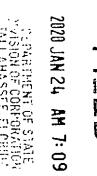
| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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COVER LETTER

Registration Section

Division of Corporations

TO:

| | stments, LLC | | |
|---|--|--|---------------------------|
| SUBJECT: | Name of Lim | ited Liability Company | |
| | | | |
| | Aaron Alexander | | |
| | | Name of Person | |
| | Triton Investments, LLC | | |
| | Name of Limited Liability Company Inclosed Articles of Amendment and fee(s) are submitted for filing. Teturn all correspondence concerning this matter to the following: Aaron Alexander Name of Person Triton Investments, LLC Firm/Company 31612 HOLCOMB PASS Address WESLEY CHAPEL, FL 33543 City/State and Zip Code aalexander@tritondigitalmanagement.com E-mail address: tto be used for future annual report notification) rther information concerning this matter, please call: 1 Alexander Name of Person Area Code Daytime Telephone Number sed is a check for the following amount: 25.00 Filing Fee Certificate of Status Certified Copy Certified Copy Certified Copy Certified Copy Certified Copy | | |
| | 31612 HOLCOMB PASS | | |
| | | Address | |
| | WESLEY CHAPEL, FL 3 | 3543 | |
| | | City/State and Zip Code | |
| | - | _ | (F(ox) |
| | | | incation) |
| For further information c | oncerning this matter, please of | aii: | |
| Aaron Alexander | | at () | |
| Name o | f Person | Area Code Daytin | ne Telephone Number |
| Enclosed is a check for the | ne following amount: | | |
| ■ \$25.00 Filing Fee | | Certified Copy | Certificate of Status & |
| Registration : Division of C P.O. Box 632 | Section Corporations 27 | Registration Se Division of Co The Centre of | rporations Fallahassee |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Triton Investments, LLC (Name of the Lim | ited Liability Comp (A Florida Limited | any as it now appears on our records.) Liability Company) | 2020 JAN 24 OLEVERONE OLEV | |
|--|---|--|--|--|
| The Articles of Organization for this Limited Florida document number L19000103678 | Liability Company | | THENT OF STATE OF STA | |
| This amendment is submitted to amend the fole A. If amending name, enter the new name of the submitted to amend the fole A. If amending name, enter the new name of the submitted to amend the fole A. If amending name, enter the new name of the submitted to amend the fole A. If amending name, enter the new name of the submitted to amend the fole A. If amending name, enter the new name of the submitted to amend the fole A. If amending name, enter the new name of the submitted to amend the fole A. If amending name, enter the new name of the submitted to amend the submitted to a submit | C | oility company here: | | |
| Friton Digital, LLC | | W. 23 | | |
| The new name must be distinguishable and contain the Enter new principal offices address, if appli | | 5421 BEAUMONT CENTER BL | | |
| Principal office address MUST BE A STRE | ET ADDRESS) | SUITE 618 | | |
| The same of the sa | | TAMPA, FL 33634 | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | 5421 BEAUMONT CENTER BLV SUITE 618 | √i) | |
| | | TAMPA.FL 33634 | | |
| B. If amending the registered agent and/or agent and/or the new registered office address: Name of New Registered Agent: New Registered Office Address: | Aaron Alexand | | name of the new registered | |
| | | Enter Florida street address | | |
| | Tampa | Florid | la <u>33634</u> | |
| | | City | Ziv 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> | Address | Type of Action |
|--------------|----------------|----------------------|----------------|
| AR | Nathan Kossoff | 14241 AVON FARMS DR. | □Add |
| | | TAMPA, FL 33618 | ≡Remove |
| | | | |
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| | | | □Remove |
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| Effective date, if other than the da | nte of filing: | | (optional) | |
| f an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Department. | e specific and cannot be prior to to does not meet the applica | | n 90 days after filing.) Pursuant te | |
| ne record specifies a delayed e The 90th day after the record | | an effective time, | at 12:01 a.m. on the e | arlier of |
| Dated | 2019 | · | | |
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