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COVER LETTER

Registration Section

TO:

Division of Cor	porations					
DIGITAL	MEDIA MONSTERS					
subject:						
	Name of Lin	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	ROBIN FRANKLIN					
	Name of Person					
	DIGITAL MEDIA MONS	TERS				
		Firm/Company				
	79 W MANGO ROAD					
		Address				
	LAKE WORTH, FL 33467					
		City/State and Zip Code				
	DIGITALMMONSTERS@					
	E-mail address: (to be used for future annual report notification)				
For further information c	oncerning this matter, please c					
ROBIN FRANKLIN		561 517-7227				
N	f D	at () Area Code Daytime Telephone Number				
Name o	f Person	Area Code Daytime Telepholic Number				
Enclosed is a check for th	ne following amount:					
2 \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)				
Mailing Addres		Street Address:				
Registration S		Registration Section				
Division of C P.O. Box 632	-	Division of Corporations The Centre of Tallahassee				
Tallahassee. 1		2415 N. Monroe Street. Suite 810				

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited I	a Monsters
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) hability Company)
The Articles of Organization for this Limited Liability Company Florida 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:
n/a	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	n/a
(Principal office address MUST BE A STREET ADDRESS)	
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 the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	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 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	WILFRED FRANKLIN SR	79 W MANGO ROAD	■ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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fective date, if other than the da in effective date is listed, the date must b ote: If the date inserted in this block cument's effective date on the Depa	k does not meet the app	licable statutory filir	(option: nore than 90 days after tili ng requirements, this da	al) ng.) Pursuant to 605,0207 nte will not be listed as
ecord specifies a delayed effective d is filed.	ate, but not an effective	e time, at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
	2021			
MARCH 30				
Pohoti F	gnature of a member or au	· · ·		