

L19000186492

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

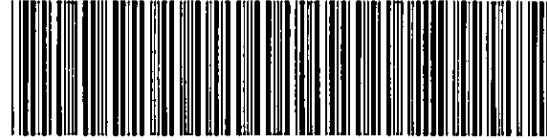
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500332669955

08/06/19--01027--002 **30.11

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 AUG -5 PM 2:30

Amend

AUG 10 2019

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Digital Equity Solutions 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:

Neil Benson
Name of Person

Digital Equity Solutions
Firm/Company

38591 US Highway 19 N 1
Address

Palm Harbor FL, 34684
City/State and Zip Code

digitalequitysolutions@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Neil Benson at (727) 601 8921
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 AUG - 6 PM 2:30

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Digital Equity Solutions LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS
10 AUG -6 PM 2:30

The Articles of Organization for this Limited Liability Company were filed on 07-19-19 and assigned

Florida document number L19000186492

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

38561 US HWAY 19 N
Palm Harbor FL, 34684

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 821 Palm
Harbor FL, 34682

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Registered Agents Inc. 7901 4th Street North
Suite 300 St. Petersburg 33702

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> | <u>Type of Action</u> |
|--------------|------------------|--|-----------------------|
| <u>CEO</u> | <u>Jack Ryan</u> | <u>38591 US Highway 19^N</u> <input checked="" type="checkbox"/> Add | |
| | | <u>Palm Harbor, FL, 34684</u> <input type="checkbox"/> Remove | |
| | | <u></u> <input type="checkbox"/> Change | |
| | | <u></u> <input type="checkbox"/> Add | |
| | | <u></u> <input type="checkbox"/> Remove | |
| | | <u></u> <input type="checkbox"/> Change | |
| | | <u></u> <input type="checkbox"/> Add | |
| | | <u></u> <input type="checkbox"/> Remove | |
| | | <u></u> <input type="checkbox"/> Change | |
| | | <u></u> <input type="checkbox"/> Add | |
| | | <u></u> <input type="checkbox"/> Remove | |
| | | <u></u> <input type="checkbox"/> Change | |
| | | <u></u> <input type="checkbox"/> Add | |
| | | <u></u> <input type="checkbox"/> Remove | |
| | | <u></u> <input type="checkbox"/> Change | |
| | | <u></u> <input type="checkbox"/> Add | |
| | | <u></u> <input type="checkbox"/> Remove | |
| | | <u></u> <input type="checkbox"/> Change | |

[illegible]

08/04/19

(optional)

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 _____, _____.

Signature of a member or authorized representative of a member

Cornelius Benson
Typed or printed name of signee