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PICK-UP WAIT MAIL
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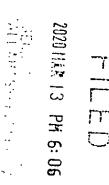
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FILING CANCELLED
DUE TO RETURNED CHECK

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COVER LETTER

TO: **Registration Section Division of Corporations**

FILING CANCELLED DUE TO RETURNED CHECK

AKA DIGI SUBJECT:	TAL & CREATIVE SERVICE	ES, LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	KAREN SEERAM		
		Name of Person	, <u></u>
	AKA DIGITAL & CREA	TIVE SERVICES, LLC	
		Firm/Company	
	10861 CROSS CREEK BY	AFD	
		Address	
	TAMPA, FL 33647		
		City/State and Zip Code	
	EPASLLC@GMAIL.COM		_
		to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	all:	
KAREN SEERAM		813 381-3940	0686-19H-618 40
Name o	f Person	813 381-3940 at ()	e Telephone Number
Enclosed is a check for th	ne 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 Addres	s:	Street Address:	

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AKA DIGITAL & CREATIVE SERVICES, LLC

FILING CANCELLED
DUE TO RETURNED CHECK

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

The Articles of Organization for this Limited Liability Con	npany were filed on AUGUS	T 14TH 2019 and assigned
Florida document number L19000222581		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designa	tion "LLC" or the abbreviation "L,L,C,"
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u> </u>	
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		<u> </u>
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our recore	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida st	reet address
		, Florida Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered	Agent:	
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and con accept the obligations of my position as registered age, being filed to merely reflect a change in the registered company has been notified in writing of this change.	nplete performance of my o nt as provided for in Chap	luties, and I am familiar with and ter 605, F.S. Or, if this document is

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

FILING CANCELLED DUE TO RETURNED CHECK

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	RAMJI P SHAH	10861 CROSS CREEK BLVD TAMPA FL 33647	= Add
			□Remove
			Change
			□Add
			□Remove
			□Add
			□Remove
			□Change
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FILING CANCELLED DUE TO RETURNED CHECK

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Filing Fee: \$25.00