## L19000222581

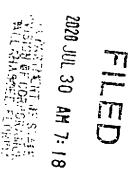
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## **COVER LETTER**

	Registration Se Division of Cor			
CHD IE	AKA DIGI	TAL & CREATIVE SERVICE	S. LLC	•
SUBJEC		. Name of Lim	ited Liability Compa <b>ñ</b> y	•
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		KAREN SEERAM		
			Name of Person	
		RKA DIGITAL & CREATI	VE SERVICES, LLC	
			Firm/Company	
		10861 CROSS CREEK BL	.VD	
			Address	<u> </u>
		TAMPA FL 33647		
		EPASLLC@GMAIL.COM	City/State and Zip Code	
		, •	to be used for future annual report notif	ication)
For furth	ner information c	oncerning this matter, please ca	all:	
KAREN	SEERAM		813 401-9820	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed	d is a check for th	ne following amount:		
<b>■</b> \$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 Address Registration S Division of C P.O. Box 632 Tallahassee, I	Section Corporations 17	Street Address: Registration Sec Division of Con The Centre of T 2415 N. Monroe Tallahassee, FL	porations allahassee e Street, Suite 810

## . ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AKA DIGITAL & CREATIVE SERVICES, LLC

(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 Company	were filed on 08/14/2019	and a gned
Florida document number L19000222581		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liah	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity 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)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>	
	***************************************	
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</u>	the name of the new registered
agent and of the new registered office address here.		
Name of New Registered Agent:	<del></del>	
New Registered Office Address:		
	Enter Florida street address	Y
		orida
	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 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
AMBR	RAMJI SHAH	10861 CROSS CREEK BLVD	<b>≣</b> Add
		TAMPA FL 33647	□Remove
		···	□ Change
			□ Add
			Remove
			□ Change
		***	□Add
			□Remove
			□Change
			□ Add
		<del></del>	□Remove
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			□Remove
			□ Change


Typed or printed name of signee