| (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 |
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Office Use Only



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Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

| DATE 11/25/2020 | **WALK I | N** |
|--|---|-----|
| ENTITY NAME MAKE LE | ADS GREAT AGAIN LLC | _ |
| DOCUMENT NUMBER | | |
| | **PLEASE FILE THE ATTACHED AND RETURN** | |
| <u> </u> | Plain Copy Certified Copy Certificate of Status | |
| **** | EASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY** | |
| | Certified Copy of Arts & Amendments Certificate of Good Standing | |
| | **APOSTILLE' / NOTARIAL CERTIFICATION** | |
| COUNTRY OF DESTINATION NUMBER OF CERTIFICATION | | |
| TOTAL OWED \$25.00 | ACCOUNT #: I20160000072 | |
| Please call Tina at the | above number for any issues or concerns. Thank you so much! | _ |

COVER LETTER

| | • | | |
|---------------------------------------|---|---|-------------------------|
| TO: Registration So Division of Co | | | |
| | ls Great Again LLC | | |
| SUBJECT: | Name of Lim | ited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | Jacqueline Quiroga | | |
| | | Name of Person | |
| | ZenBusiness PBC | | |
| | | Firm/Company | |
| | 5900 Balcones Drive Suite | 5000 | |
| | | Address | |
| | Austin, TX 78731 | | |
| | | at Again LLC Name of Limited Liability Company Indiment and fee(s) are submitted for filing. ce concerning this matter to the following: acqueline Quiroga Name of Person ZenBusiness PBC Firm/Company 5900 Balcones Drive Suite 5000 Address Austin, TX 78731 City/State and Zip Code alfillment@zenbusiness.com E-mail address: tto be used for future annual report notification) rating this matter, please call: BC at (| |
| | · · · · · · · · · · · · · · · · · · · | | |
| | | | cation) |
| For further information of | concerning this matter, please ca | ill: | |
| Jacqueline c/o ZenBusir | | | |
| Name C | of Person | Area Code Daytime | Telephone Number |
| Enclosed is a check for t | he following amount: | | |
| ■ \$25,00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | Certified Copy | Certificate of Status & |

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Make Leads Great Again LLC | | |
|--|---|--------------------------------|
| (Name of the Limited Liability Comr (A Florida Limited | any as it now appears on our record Liability Company) | <u>15.</u>) |
| he Articles of Organization for this Limited Liability Compan | y were filed on 3/24/2020 | and assigned |
| orida document number 1,20000088499 | | |
| is amendment is submitted to amend the following: | | |
| If amending name, enter the new name of the limited lia | bility company here: | |
| OF Digital CLC | | |
| e new name must be distinguishable and contain the words "Limited Liab | nility Company," the designation "LLC | " or the abbreviation "L.L.C." |
| nter new principal offices address, if applicable: | | 2070 |
| rincipal office address MUST BE A STREET ADDRESS) | | |
| | | N |
| | | |
| nter new mailing address, if applicable: | | AH 9: D |
| failing address MAY BE A POST OFFICE BOX) | | |
| | | ·~; O |
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| If amending the registered agent and/or registered | | is, enter the name of the |
| gistered agent and/or the new registered office address he | <u>re</u> : | |
| N. CALL D. C. LA | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street addre | |
| | рякт г юнаа меся ааа с | 55 |
| <u></u> | | lorida |
| | City | гар Соаг |

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 = M $AMBR = A$ | lanager uthorized Member | | |
|--------------------|--|---------|--|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
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| Effective date, if other than | the date of fili | ing: | | | (option | al) | | |
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| /s/ Benjamin Sam | iel Hirsch | . | | entative of a mem | | | | |
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Page 3 of 3

Filing Fee: \$25.00