## L20000093809

(Re	questor's Name)		
(Requestors Marrie)			
(Ad	dress)		
(Ad	dress)		
·	·		
(Cit	ty/State/Zip/Phone #	£)	
PICK-UP	WAIT	MAIL	
(Bu	siness Entity Name	)	
(Do	cument Number)		
Certified Copies	_ Certificates of	f Status	
Special Instructions to	Filing Officer:		
Office Use Only			



12/28/20--01010--004 \*\*25.00



## **COVER LETTER**

**Registration Section Division of Corporations** 

.cr: DeAngelis Digital Marketing LLC Name of Limited Liability Company

iclosed Articles of Amendment and fee(s) are submitted for filing.

: return all correspondence concerning this matter to the following:



or further information concerning this matter, please call:

Enclosed is a check for the 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)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

- ARTICLES OF A			
	-		
ARTICLES OF ORGANIZATION			
O			
De Angelis Digital (Name of the Limited Liability Compan (A Florida Limited Lia	harketing LLC		
( <u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.)		
Inticles of Organization for this Limited Liability Company v da document number $L2000093809$			
amendment is submitted to amend the following:	ç;		
If amending name, <u>enter the new name of the limited liabil</u>	دى <u>ity company here</u> : م		
DeAngelis Digital Media L	_LC		
new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the abbreviation "L.L.C."		
iter new principal offices address, if applicable:			
<u>rincipal office address MUST BE A STREET ADDRESS)</u>			
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX			
muning undress MAT DE AT OUT OT THEE DON			
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	ldress 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		
	, 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.

ding Authorized Person(s) authorized to manage, enter the title, name, and address of each person being august ved from our records:

- · Manager
- = Authorized Member

	<u>Name</u>	Address	<u>Type of Action</u>
—			⊡Add
			ПСпюус
			🗋 Change
			□ Add
			🗆 Remove
		<del></del>	□Change
			Change
			🖸 Add
			□Change
			🗆 Add
			🗆 Remove
			□ Change

•	.•	

nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Effective date, if other than the date of filing:	3)(b) xc
f the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ecord is filed.	

Dated _	December 20	2070	
		· M	
	Signature of	a member or authorized r	epresentative of a member

Grearge J. CONNELLY Typed or printed name of signee