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COVER LETTER

Registration Section
Division of Corporations

TO:

Digital N SUBJECT:	lomad Ventures, LLC		
30B3EC1	Name of Litt	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Jonathan Leighton		
		Name of Person	
	Digital Nomad Ventures, l	LLC	
		Firm/Company	
	770 Claughton Island Dr A	Apt 1407	
		Address	
	Miami Fl 33131		
		City/State and Zip Code	
	Digitalnomadventures2020	_	
	E-mail address: (to be used for future annual report not	itication)
For further information	n concerning this matter, please of	all:	
		at () Area Code Daytin	ne Telephone Number
Name of Person		Area Code Daytin	ne Telephone Number
Enclosed is a check fo	r 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)
P.O. Box 6	n Section Corporations	Street Address: Registration Se Division of Co The Centre of 12415 N. Monro	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Digital Nomad Ventures, LLC		·	6.5:15
(Name of the Limit)	ed Liability Company (A Florida Limited Liab	as it now appears on our rec pility (Company)	ords.)
he Articles of Organization for this Limited Li	ability Company we	ere filed on 5/11/2020	and assigned
lorida document number L20000126799	 .		
This amendment is submitted to amend the follo	owing:		
a. If amending name, <u>enter the new name of</u>	f the limited liabilit	v company here:	
he new name must be distinguishable and contain the w	ords "Limited Liability	Company," the designation "I	A.C" or the abbreviation "L.E.C."
inter new principal offices address, if applica	able:		
Principal office address MUST BE A STREE	T.ADDRESS)		
	-		
Inter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE A	<u>BON)</u>		
	-		
3. If amending the registered agent and/or re	egistered office add	iress on our records, ent	ter the name of the new register
gent and/or the new registered office addres	• '	<u></u>	
Name of New Registered Agent:			
Name of New Registered Agent.			
New Registered Office Address:		Enter Florida street ado	iress
			Florida
		City	Florida 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>	Address Courses of Miles 18	Type of Action
MGR	Eduardo Arechabala	90 Edgewater Dr Apt 720 Coral Gables FL 33133	= Add
			□Remove
			□Remove
		,	□Change
		·	□Add
			□Remove
			□Change
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			⊡Change

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ective date, if other than the date of filing:	(ontional)
effective date is listed, the date must be specific and cannot e: If the date inserted in this block does not meet the ument's effective date on the Department of State's r	doptional) he prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 e applicable statutory filing requirements, this date will not be listed as records.
cord specifies a delayed effective date, but not an effe s filed.	ective time, at 12:01 a.m. on the earlier of; (b) The 90th day after the
ed September 2 2020)
Jonal His	 .
ν	or authorized representative of a member