

L20000180486

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

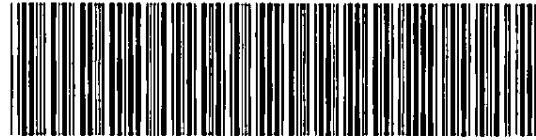
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400395875774

10/14/22--01007--015 ++52.50

2022 OCT 27 AM 9:25

Amend

OCT 27 2022

D CUSHING

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: DIGITAL INCLUSION, LLC

DOCUMENT NUMBER: _____

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

SALVADOR PALMA RUBIN DE CELIS

Name of Contact Person

DIGITAL INCLUSION LLC

Firm/ Company

12 SHORE RD

Address

OLD GREEWICH, CT, 06870

City/ State and Zip Code

chava@alyarglobal.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SALVADOR PALMA RUBIN DE CELIS 917 456-2151

Name of Contact Person at () Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input checked="" type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed) |
|------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|

Mailing Address

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

Street Address

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

2022 OCT 27 11:09:25

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Digital Inclusion LLC

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

2020 OCT 21 AM 9:25

The Articles of Organization for this Limited Liability Company were filed on July 9, 2020 and assigned
Florida document number 85-1849550 L20000180486

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability 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)

12 Shore Rd., Old Greenwich, CT, 06870

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

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.

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	CESAR FERNANDO LAMBUKUTON GARZA	BOSQUES DE GRANADOS 399, CIUDAD DE MEXICO, CDMX, 11700, MEXICO	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input checked="" type="checkbox"/> Change
MGR	MOISES MEDLEY SOUNIOZA	MAR CARIBE 13, FRACC. LOMAS DEL MAR ALVARADO, VERACRUZ, 95264, MEXICO	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	JESUS GONZALEZ HERNANDEZ	AV. MEDICOS 801, COL. UNIDAD MODELO TAMPICO, TAMAULIPAS, 89367, MEXICO	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	TOMAS DE JESUS GONZALEZ GARCIA	AV. MEDICOS 801, COL. UNIDAD MODELO TAMPICO, TAMAULIPAS, 89367, MEXICO	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	MIGUEL GARCIA GONZALEZ	TUXPAN 80-101, COL. ROMA SUR CIUDAD DE MEXICO, CDMX, 06760, MEXICO	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	SALVADOR PALMA RUBIN DE CELIS	12 SHORE RD. OLD GREENWICH, CT, 08760 UNITED STATES	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input checked="" type="checkbox"/> Change

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

CESAR FERNANDO LAMBRETON GARZA 49% OWNERSHIP - CHANGE

MOISES MEDLEG SOUNIOZA 49% OWNERSHIP - CHANGE

SALVADOR PALMA RUBIN DE CELIS 2% OWNERSHIP - ADD

OCTOBER 26, 2022

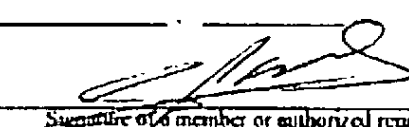
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records

If 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 record is filed.

OCTOBER 26 2022
Dated _____



Signature of a member or authorized representative of a member

Salvador Palma

Typed or printed name of signee