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(Red	questor's Name)	
(Add	dress)	
(Add	dress)	<u> </u>
(City	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	

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TO:

	Registration Se Division of Cor			••	
eum ire		X MEDIA STUDIOS, LLC			
SUBJEC	T:	Name of Lim	Name of Limited Liability Company		
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please re	turn all correspo	ndence concerning this matter	to the following:		
		OSCAR R URDANETA			
			Name of Person		
		DIGITALEX MEDIA STU	JDIOS, LLC		
			Firm/Company		
		1700 HOOKS ST APT 720)2		
			Address		
		CLERMONT, FL, 34711			
			City/State and Zip Code		
		oscarrurdaneta@gmail.com	to be used for future annual report no	41C1	
For furth	er information c	oncerning this matter, please co		uncation)	
OSCAR	R URDANETA		954 478-2613		
	Name o	f Person		me Telephone Number	
Enclosed	is a check for th	ne following amount:			
≡ \$25.0	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 Addres		Street Address: Registration S	ection	
Registration Section Division of Corporations		Division of Co	orporations		
	P.O. Box 632				
	Division of C	orporations 7	The Centre of	•	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DIGITALEX MEDIA STUDIOS, LLC	
(<u>Name of the Limited Liability Company as it now app</u> (A Florida Limited Liability Company	ears on our records.)
The Articles of Organization for this Limited Liability Company were filed on	09/29/2020 and assigned
Florida document number L20000183622.	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company	here:
he new name must be distinguishable and contain the words "Limited Liability Company," the	e designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
	720 (
	CC7 77
nter new mailing address, if applicable:	5
Mailing address MAY BE A POST OFFICE BOX)	R IT
	4€ ± 0
	03
If amending the registered agent and/or registered office address on our gent and/or the new registered office address here:	records, enter the name of the new regis
gent and/of the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
Enter Fl	orida street address

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.

City

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
MGR	RAQUEL URDANETA	1700 HOOKS ST APT 7202 CLERMONT, FL, 3471	l ■Add
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			_ □Change
			🗆 Add
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ffective date, if other than an effective date is listed, the dat lote: If the date inserted in the ocument's effective date on t	te must be specific an his block does not t	nd cannot be prior to meet the applical	o date of filing or m ble statutory filin	ore than 90 days a	otional) fter filing.) this date w	Pursuant to e	505.020 isted a
ecord specifies a delayed eff is filed.	fective date, but no	t an effective tim	ne, at 12:01 a.m.	on the earlier of:	(b) The	90th day a	fter the
ited 09/30/	1 2020	•					
ι -/	_						
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	Signature of	Detriber of subject	ved representative	of a mamber			