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STATES SEE, FLORIDA

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COVER LETTER

TO: Registration Sec Division of Cor					
PowerUp S					
SUBJECT:	Name of Lin	ited Liability Company		•	
	Amendment and fee(s) are sub				
	LEXIE RIVERS				
		Name of Person		- -: 2	
	BZI AU	77			
		Firm/Company		- A S S S S S S S S S S S S S S S S S S	
	12226 S 1000 E STE 3			2020 AUG 20 PM 2: 10 TALLIGHASSEE, FLORID	1
		Address		FLST 2	
	DRAPER, UT 84020			- NORTH	
		City/State and Zip Code		ŕ	
	lexie@primecorporateservi				
	E-mail address: (to be used for future annual report notifi	cation)		
For further information co	oncerning this matter, please c	atl:			
LEXIE RIVERS		855 577-4639			
Name of	Person		Telephone Numb	er	
Enclosed is a check for th	e following amount:				
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	Filing Fee, cate of Status & ed Copy al copy is enclosed)	

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

PowerUp Solar LLC		
(Name of the Limited Liability Con (A Florida Limite	npany as it now appears on our reco ed Liability Company)	<u>rds.</u>)
The Articles of Organization for this Limited Liability Compa	ny were filed on 07/07/2020	and assigned
Florida document number L20000192885		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
CA Digital Agency LLC		
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		-1 2
Principal office address MUST BE A STREET ADDRESS)		2020 Al
		A B
		20
inter new mailing address, if applicable:		Fig. 2 III
Mailing address MAY BE A POST OFFICE BOX)		SJANE STANE
training maness that object out of the broad		- RES
 If amending the registered agent and/or registered egistered agent and/or the new registered office address h 	office address on our recor ere:	ds, enter the name of the n
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addi	ress
	. 1	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>	Address	Type of Action
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			□ Remove
			☐ Change
			□ Add
			☐ Remove
			Change To Add.
			Change Change Change Add. Remove Remove Change Change
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fective date	, if other that	n the date of :	filing:				(optie	onal)		
an effective date	e is listed, the da	te must be specif his block does	ic and cannot	be prior to o	date of filing e statutory	or more than 90 filing requires) days after nents, this	filing.) date v	Pursuan vill not	t to 605.020 be listed a
ocument's effe	ective date on	the Department	of State's	records.		J .				
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Typed or printed name of signee

Filing Fee: \$25.00