L20009-200468

	(Requestor's Name)
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COVER LETTER

TO:

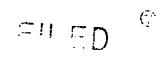
SUBJECT:		mited Liability Company	
The enclosed Article	es of Amendment and fec(s) are su	bmitted for filing.	
Please return all cor	respondence concerning this matte	r to the following:	
	IAN E. JOHNSTON		
	Name of Limited Liability Company iticles of Amendment and fee(s) are submitted for filing. correspondence concerning this matter to the following: IAN E. JOHNSTON Name of Person Firm/Company		
		Firm/Company	
	1862 NW 38TH AVE		
		Address	
	LAUDERHILL, FL 3331	1	
		City/State and Zip Code	
For further informat		·	inication)
lan Johsnon		4	
Na	ame of Person	Area Code Daytir	ne Telephone Number
Enclosed is a check	for the following amount:		
\$25.00 Filing Fo		Certified Copy	Certificate of Status & Certified Copy
Mailing Ac		•	ection
=		_	
P.O. Box	-	The Centre of	Tallahassee
Tallahass	see, FL 32314	2415 N. Monro	pe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records:

(A Florida Limited Liability Company)



EZINIA LLC

2022 SEP 26 PM 3: 41

The Articles of Organization for this Limited Liabi Florida document number L20000200468		and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
DIGITAL CONTENT MENTORS LLC		
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	(DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO.	<i>X</i>)	
[Mulling dadress MAT DE AT OST OF THEE BO.	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office address h	the state of the s	name of the new registered
Name of New Registered Agent:		<u></u>
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	, Florida	
-	City	Zip Code
New Registered Agent's Signature, if changing Regi	stered Agent:	
I hereby accept the appointment as registered as provisions of all statutes relative to the proper a accept the obligations of my position as register being filed to merely reflect a change in the region company has been notified in writing of this characteristics.	gent and agree to act in this capacity. I further and complete performance of my duties, and I c red agent as provided for in Chapter 605, F.S. istered office address, I hereby confirm that th	am familiar with and Or, if this document is

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
			□Remove
			□Add
			□Remove
			☐ Change
_			□Add
			□Remove
			Change
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te: If the	te, if other than the date of filing:	605.0207 listed as
cord speci s filed.	fies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day	after the
.ed	September 24 , 2022 . Signature of a member or authorized representative of a member	
	don body the	
_	Signature of a member or authorized representative of a member	_
	Typed or printed name of signee	_