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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: KaJ	Digital Hark	eting & Advertising	g, LLC
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
		Sa be ru Name of Jerson	
	KaJ Digito	Firm/Company & Ac	duertising, LLC
	325 Lakepoi	nte Dr. Suite 30	<u> </u>
	ica sa ber	Springs FL 3270 City/State and Zip Code ry (Kaj. Digito to be used for future annual report notifi)
For further information co	ncerning this matter, please ca	all:	
Jentri Casa Name of	berry Person	at (<u>773</u>) <u>879 - L</u> Area Code Daytime	1 805 Telephone Number
Enclosed is a check for 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)
Mailing Address		Street Address	

Mailing Address:

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

Street Address:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kaj	Digital Harketing & Advertising, LLC				
Name of the Limited Liability Company as it now appears by our records.)					
	(A Florida Limited Liability Company)				

The Articles of Organization for this Limited Liability	Company were filed on	<u> </u>	and assigned
Florida document number <u>L 26000 9797</u>	8.3 .		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	mited liability company here	:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the design	gnation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:			20
(Principal office address MUST BE A STREET ADI	DRESS)	<u> </u>	21
		•	至 丁
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Enter new mailing address, if applicable:	· · · · · · · · · · · · · · · · · · ·	PH 0	
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or register agent and/or the new registered office address here Name of New Registered Agent:		ords, <u>enter the name</u>	of the new registered
New Registered Office Address:	Enter Florida	street address	
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Register	red Agent:		•
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this change	l complete performance of m agent as provided for in Cha cred office address, I hereby	y duties, and I am fa apter 605, F.S. Or, ij	miliar with and 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>	Name	Address	Type of Action
AMBR	Jentri Casaberry	325 Lakepointe Dr.	XAdd
		Suite 301	□Remove
		Altamonte Springs, FL	3170 □Change
AHBR	Kadija Robinson	325 Lakepointe Dr.	X Add
		Suite 301	□ Remove
		Altamonte Springs, FL 3	970 □ Change
			Add Remove Add Change Change
			□Remove
			□Change
			□ Add
			🗆 Remove
			□ Change

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	ate, if other date is listed, t				he prior to	dota of filing			optional		•• •• 606 01
<u>:</u> If the	date inserted effective date	i in this blo	ock does no	ot meet the	applicat						
			- p								
ord spec filed.	cifies a delay	ed effective	e date, but r	not an effe	ective tim	e, at 12:01 a.	m. on th	e earlier o	f: (b) T	he 90th d	lay after ti
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