## L20000354790

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## **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations		
The Digital	Bowl LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
		-	
r rease return an correspo	ondence concerning this matter	to the following.	
	Megan Fuentes		
		Name of Person	
	ZenBusiness Inc		
		Firm/Company	p Code  annual report notification)  493-6249  de Daytime Telephone Number  Daytime Telephone Number  S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	5511 Parkerest Dr Suite 20	70	
		Address	
	Austin, Texas, 78731		
	<del></del>	City/State and Zip Code	<del></del>
	fulfillment@zenbusiness.co		
	E-mail address: (	to be used for future annual report noti	lication)
For further information e	oncerning this matter, please c	all:	
Megan Fuentes		844 493-6249	
Name of Person		Area Code Daytim	e Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy	<del>-</del>
		(additional copy is enclosed)	
Mailing Addres		Street Address:	
Registration S Division of C		<b>~</b>	
P.O. Box 632		Division of Cor The Centre of T	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Digital Bowl LLC		
(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L20000354790}{L20000354790}$ .	were filed on 11/09/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	820 Millbrae Ct	
(Principal office address MUST BE A STREET ADDRESS)	Unit 7	······································
	West Palm Beach, FL 33401-5821	<b>202</b>
Enter new mailing address, if applicable:	820 Millbrae Ct	TIUL 2
(Mailing address MAY BE A POST OFFICE BOX)	Unit 7	35°C 6
	West Palm Beach, FL 33401-5821	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the n</u>	ame of the new registered
Name of New Registered Agent:	·	<u></u>
New Registered Office Address:		
	Enter Florida street address	
	, Florida	Zip Code
	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 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
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e record rd is file		delayed effe	etive date, b	ut not an e	ffective tin	ne, at 12:01	a.m. on the ea	rlier of: (b)	The 90th day a	fter the
Dated _	July 20		····	20	)21					
	/s/ []	aniela Veld								
							tative of a men			

Filing Fee: \$25.00