## 121000032600

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



600389430276

96 17/03 -01612 | 615 | \*\*25, #5

TILLED
2022 JUN 17 AH II: 25

SEP - 62022 S. PRATHE!

## **COVER LETTER**

TO: Registration Section Division of Corporation	ons		
SUBJECT: DOUGIT	S DIGITAL Mame of Limite	MORKETING LLC d Liability Company	
The enclosed Articles of Amend	dment and fee(s) are subm	nted for filing.	
Please return all correspondence	e concerning this matter to	the following:	
	Gra	CE DEWITT	
_	Dougla	S DIGITAL MAINE	tingLLC
	1000 Meridu	In Ave #8 MIDE	4i-Beach, FL 3313.
	MIOMIBE	OCh, FL 33130 City/State and Zip Code	1
	E-mail address: (to	OUGITS CICHTOIN  be used for future annual report notifi	10 Meting. Can
For further information concer	ning this matter, please cal	II:	
Name of Person	Witt.	at ( <u>305</u> ) <u>409 - 4</u> Area Code Daytime	Telephone Number
Enclosed is a check for the fol	lowing amount:		
V-\$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: Registration Sect Division of Corpo P.O. Box 6327 Tallahassec, FL 3	orations	Street Address: Registration Ser Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations fallahassee e Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<del>-</del>-1.

Zip Code

0	F [2]	
Name of the Limited Liability Compa (A Florida Limited I	The state of the s	; 
The Articles of Organization for this Limited Liability Company  Florida document number	were filed on and 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 Liabil		
Enter new principal offices address, if applicable:	1000 MENGION Are #8	_
Principal office address MUST BE A STREET ADDRESS)	MITMI BETCH, FL 33139	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	(Same as above)	_ _ _
B. If amending the registered agent and/or registered office a ngent and/or the new registered office address here:	iddress on our records, <u>enter the name of the new regis</u>	<u>terec</u>
•	MENCIAN AVE #8  Enter Florida street address  [ BET CM Florida 33139	_
KA LUKU	U PATULIM Florida 65154	

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>	Name	Address	Type of Action
MOR	Grace Dewitt	1000 Meridian Ave #8 Wildmi Beach, FL 33139	<b>%9</b> /Add
		1670 LINCOIN (t #6B Midmi Beach, FL 33139	ØRemove
			□Change
			□Add
			DChange
<del></del>			□Add
			□Remove
			□Change
			🗆 🗖 Add
		<del></del>	□Remove
			□Change
	<del> </del>		□Add
			□Remove
			□ Change
			□Add
		<del></del>	□Remove
			Change

	any other miori	mation, enter	change(s) here	:: (Attach ade	litional si	iects, if necessai	171.)	
12	eque stin	9 0 CM	inge c	of ada	ins	s from	. the	
(,	INCOLN	Čt. Do	ldress	, to y	M	Hendi	on Ave	
 71	adress	· \						
		7						
		<del></del>			<del></del>	<u> </u>		
						<del> </del>		
-								
		-						
<del></del> -						-	<u> </u>	
	ata if athar thus	the date of f	iling: c and cannot be price	or to date of filin	g or more t	(option	al) (ing.) Pursuant to 605.0	207 (3)
Note: If the document's	e date inserted in the effective date on t	his block does n the Department	of State's record	ls.	y ming rec			
Note: If the document's the record spe	e date inserted in the effective date on t	his block does n the Department	of State's record	ls.	y ming rec		The 90th day after (	the
Note: If the document's the record spe	e date inserted in the effective date on the effective date on the effective date of the effective and effective a	his block does n the Department	of State's record	ls.	y ming rec			the
Note: If the document's the record spe	e date inserted in the effective date on t	his block does n the Department	of State's record	ls.	y ming rec			the
Note: If the document's the record specord is filed.	e date inserted in the effective date on the effective date on the effective date of the effective and effective a	the Department  fective date, but	of State's record	time, at 12:01	a.m. on th	ne earlier of: (b)	The 90th day after (	the
Note: If the document's the record specord is filed.	e date inserted in the effective date on the effective date on the effective date of the effective and effective a	the Department  fective date, but	t not an effective	time, at 12:01	a.m. on the	ne earlier of: (b)		