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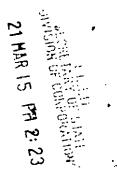
(Requestor's Name)	<u> </u>
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of S	Status
Special Instructions to Filing Officer:	
Special instructions to 1 lining Officer.	5/4/21

Office Use Only



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03/15/21--01041--015 **25.00



COVER LETTER

	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JOSE W. LEON		
		Name of Person	
		Firm/Company	
	7324 SW 82ND ST APT I	3210 Address	
	MIAMI, FL 33143	City/State and Zip Code	
	JWLEONM@GMAIL.COM E-mail address: (ধ to be used for future annual report notitio	cation)
For further information e	oncerning this matter, please ea	all:	
JOSE W. LEON		at (305) 562 5017	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed)	☐ \$60,00 Filing Fee. Certificate of Status & Certified Copy tadditional copy is enclosed
Mailing Addres	s:	Street Address:	

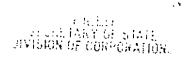
TO:

Registration Section **Division of Corporations**

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

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



21 MAR 15 PH 2: 23

ERA DIGITAL LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

			and assigned				
Florida document number 1.21000065148							
This amendment is submitted to amend the following:							
A. If amending name, enter the new name of the limited lial	bility company here:						
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designa	tion "H.C" or the a	bbreviation "L.L.C."				
Enter new principal offices address, if applicable:	7324 SW 82ND ST .	APT B210	<u></u>				
Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL 33143						
Enter new mailing address, if applicable:	7324 SW 82ND ST .	APT B210					
Mailing address MAY BE A POST OFFICE BOX)	MIAMI, FL 33143						
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our record	is, <u>enter the nan</u>	ne of the new registe				
Name of New Registered Agent:			 				
New Registered Office Address:							
	Enter Florida sti	vet address					

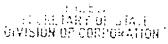
New Registered Agent's Signature, if changing Registered Agent:

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 21 MAR 15 Pi	H 2: 23 Type of Action
AMBR	MARIA V. PARRA	7324 SW 82ND ST APT B210	# Add
		MIAMI, FL 33143	[Remove
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Dated	MARCH	IST .	Jo		<u>2</u> !	021	lox	, -,								
			Sign	nature of	a mem	ber or a	uthorized	l represe	ntative of	fa men	iber					
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