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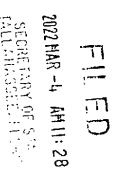
(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	7
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COVER LETTER

TO:

Registration Section

Division of Co	rporations		•	
Collins Dig	ital LLC	•		
SUBJECT:	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:		
	Michael Collins			
		Name of Person		
	Collins Digital LLC			
		Firm/Company		
	12142 Dickenson Ln			
	Address			
	Orlando, FL 32821			
		City/State and Zip Code	 	
	mikeecollinsjr@gmail.com			
	E-mail address: (to be used for future annual report no	otification)	
For further information of	concerning this matter, please co	all:		
Michael Collins		407 881-3133		
Name o	of Person		me Telephone Number	
Enclosed is a check for t	he 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 Registration S Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration S Division of Co The Centre of 2415 N. Monr Tallahassee, F	orporations Tallahassee oe Street, Suite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

2022 HAR -4 AM 11:28

Collins Digital LLC

(Name of the Limited Liability Company as it now appear

(A F	Florida Limited Liability Company)	Signal Signal
The Articles of Organization for this Limited Liabi	lity Company were filed on 03/25/2021	and assigned
Florida document number L21000141485	·	•
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
MX3 Management LLC		
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
Principal office address MUST BE A STREET A	DDRESS)	
Mailing address MAY BE A POST OFFICE BO.	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office address h		he name of the new regist
Name of Nam Desistand Asset		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		rida

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
			🗆 Add
			□Remove
			□Change
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fective date, if other than n effective date is listed, the date: If the date inserted in the cument's effective date on	te must be specific and cann his block does not meet	not be prior to date the applicable st	of filing or more than 9	(optional) 0 days after filing.) ments, this date w	Pursuant to 605.0207 ill not be listed as
ecord specifics a delayed et is filed.	fective date, but not an e	ffective time, at	12:01 a.m. on the ea	rlier of: (b) The	90th day after the
March 01	20	22			
4					
	Signature of a memb	per or authorized r	epresentative of a mem	ber	