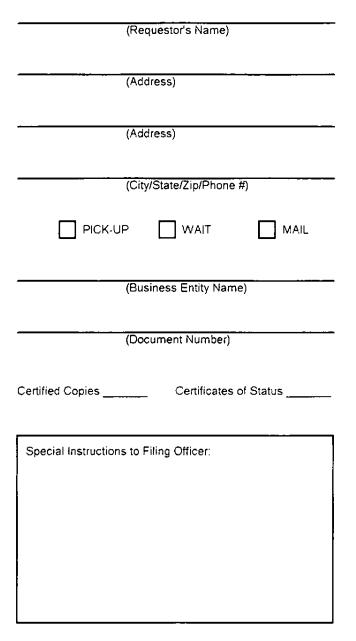
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Office Use Only



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COVER LETTER

	egistration Sect ivision of Corpo		•	·
SUBJECT	. Dr	2 DIGITAL DO	eoler	
o bole i	·		ited Liability Company	
The enclose	ed Anicles of Ai	mendment and fee(s) are sub	mitted for filing.	
Please retui	rn all correspond	dence concerning this matter	to the following:	
		VICT	on D. Benite	<i>~</i>
			Name of Person	
			Firm/Company	
		6860	Gleneagle Dr.	
		MIDH	City/State and Zip Code	3017
		E-mail address: (23 @ aol. com to be used for future annual report noti	fication)
For further	information con	ncerning this matter, please ca	all:	
	DANUJ E	3enikc Person	at (<u>786</u>) <u>210 1</u> Area Code Daytim	7 6년 re Telephone Number
Enclosed is	s 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)
<u>,M</u>	lailing Address:		Street Address:	
Registration Section			Registration Se	
	ivision of Co		Division of Cor	-
Р	.O. Box 6327		The Centre of T	lallahassee

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Umited Liability Come (A Florida Limited	any at it now appears (on our records.)
The Articles of Organization for this Limited Liability Compan	y were filed on	3 21 2022 and assigned
Florida document number <u>L21000 194327</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here	: :
DB Strong Investm	ents, Ll	C
he new name must be distinguishable and contain the words "Limited Liab	ility Company," the des	ignation "Lt.C" or the abbreviation "L.L.C"
Enter new principal offices address, if applicable:	<u> </u>	202
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
Trincipal office usualess 12001 207. 022.		8
	<u> </u>	200
		SS PH I
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u></u>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our reco	ords, <u>enter the name of the new registe</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida	street address
	_	, Florida
	City	Zıp 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 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
			□Remove
			Change
			□Add
			□Remove
			CChange
			□Add
			□Remove
			Change
			□Add
			CRemove
			Change
			DAdd
			Remove
			□ Remove
			Change

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ive date, if other than the date of filing:	
If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list	05.020 isted as
nent's effective date on the Department of State's records.	
rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day aftiled.	iter the
JANUARY 231d, 2024	
Signature of a member or authorized representative of a member	_
Signature of a member of authorized representative of a member	
VICTOR D. BeriteE	

Filing Fee: \$25.00