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# COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	AF Digital	hited Liability Company	
	f Amendment and fee(s) are sub	-	
Please return all corresp	ondence concerning this matter	to the following:	
	Muhan	nned A F	chelica
	AF	Digital L Firm/Company	<u> </u>
		115 - 382	6000
		City/Mate and Zip Code	
	E-mail address: 0	to be used for future annual aport notif	L. Coin
For further information c	concerning this matter, please ca	all:	
Name o	Fletchax f Person	at ( ) 3 2 ) S 3 C	S - 8603 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 (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
			•

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

Street Address: 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

(Name of the Li	Diaital	LLC		
( o, the I	(A Florida Limited Liability C	ompany)	<u>, , , , , , , , , , , , , , , , , , , </u>	
The Articles of Organization for this Limited	Liability Company were fil	ed on	and a	ssigned
Florida document number _ Ld QDQ _	311834			
This amendment is submitted to amend the fo	ollowing:			
The Articles of Organization for this Limited Liability Company as it now appears up our records.)  (A) Florida Limited Liability Company  The Articles of Organization for this Limited Liability Company were filed on				
The new name must be distinguishable and contain the	e words "Limited Liability Compa	my," the designation "LLC"	or the abbreviation "	
			1021	_
(Principal office address MUST BE A STRE	EET ADDRESS)			
Enter new mailing address, if applicable:				50
(Mailing address MAY BE A POST OFFICE	<u>E BOX)</u>			<u> </u>
B. If amending the registered agent and/or agent and/or agent and/or the new registered office addr	<u>ess here</u> :			
Name of New Registered Agent:	Muhamma	ed A Flet	tcher	
New Registered Office Address:	295 NW Suite # 1	Commox Enter Florida street address	5 100	<u> </u>
	Luke (t)	Flor	rida <u>320</u> Zip Code	55

### 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>	<u>Name</u>	Address	Type of Action
AMBR	Muhammed A Fktcher	295 NW Commons	Lead
		Suite # 115-382	□Remove
		Suite # 115-382 Lake City, Fl 32085	(XChange
			□ Add
			□Remove
			□Change
			_ ∃Add
			□Remove
			_ 🗆 Change
			_ □Add
			_ □Remove
			_ 🗆 Change
			<b>□ x</b> ,4.1
			_ □Remove
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			_ 🗆 Change

-	
<del></del>	
an effective date is list to the control of the date in the control of the contro	ther than the date of filing:
record specifies a c lis filed.	elayed effective date, but not an effective time, at $\pm 2\pi \theta$ a.m. on the earlier of: (b) – The 90th day after the
ated	18 / 20 2 1.  Signature of a member or authorized representative of a member
	Muhammed A Fletcher