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PICK-UP WAIT MAIL
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COVER LETTER

Registration Section Division of Corporations

TO:

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:		
	Gizelle Guadalupe			
		Name of Person		
	DIG PROPERTIES, LLC			
		Firm/Company		
	5020 Sawdust Circle			
		Address		
	Ocoee, FL 34761			
		City/State and Zip Code		
	digpropertieslle8910@gmai	1.com		
	E-mail address: (to be used for future annual report not	ification)	
For further information c	oncerning this matter, please c	all:		
Gizelle Guadalupe		407 230-4527		
Name o	f Person	at () Area Code Daytin	ne Telephone Number	
Enclosed is a check for the	ne following amount:			
□ \$25.00 Filing Fee	■ \$30,00 Filing Fee & Certificate of Status	S55.00 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		<u>Street Address:</u> Registration Se	ection	
Division of C		Division of Corporations		
P.O. Box 632	.7	The Centre of	Tallahassee	
Tallahassee, l	FL 32314	2415 N. Monro	be Street, Suite 810	

Tallahassee, FL 32303

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

FILED 2021 DEC 27 AM 8: 43

DIG PROPERTIES, LLC

SECRETARY OF STATE
(Name of the Limited Liability Company as it now appears on our records: PLLAHASSEE, FIGH.
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on 06/01/2021	and assigned
Florida document number L21000253932	were med on	and usinghed
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		antar the name of the new regists
B. If amending the registered agent and/or registered office	audress un our records,	enter the name of the new registe
	audress on our records,	enter the name of the new registe
agent and/or the new registered office address here:	audress on our records,	enter the name of the new registe
agent and/or the new registered office address here:	audress on our records,	
agent and/or the new registered office address here:		
Name of New Registered Agent:		
· · · · · · · · · · · · · · · · · · ·	Enter Floridu street	

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>	Name	Address	Type of Action
AMBR	Dexter Allard	13555 230th Street Laurelton, NY 11413	
			□ Remove
			Change
			□Add
			Remove
			☐ Change
			🗆 Add
			Remove
			□ Change
			□Add
			□ Remove
			☐ Change
			□Add
			Remove
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			🗀 Change

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Signature of a member or authorized representative of a member	Dec Dated								
	Dec Dated	Ma	100, MIA	Miliana	<u>-</u>				

Filing Fee: \$25.00