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SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	OSCAR ANEZ SILVA		
		Name of Person	-
	DIGITAL ZONE VE LLC		
	_	Firm/Company	
	6201 VINELAND RESOF	RT WAY APT 203	
		Address	
	ORLANDO FL 32821		
		City/State and Zip Code	
	DIGITALLZONEVE@GM E-mail address: 0	IAIL.COM to be used for future annual report notifies	ation)
For further information c	concerning this matter, please c	•	ation) / 23
	wheeling this matter, proude t		· · · · · · · · · · · · · · · · · · ·
OSCAR ANEZ SILVA		954 730-6998 at ()	<u></u>
Name o	of Person	Area Code Daytime T	elephone Number
Enclosed is a check for the	he following amount:		:
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
Mailing Address		Street Address:	an.

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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DIGITAL ZONE VE LLC

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

(A Florida Limited Liability Company)

(A Florida Limited Liab	bility Company)	
The Articles of Organization for this Limited Liability Company we Florida document number L21000306021	ere filed on <u>07/02/2021</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabilit	ty company here:	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the a	bbreviation "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)		
B. If amending the registered agent and/or registered office addagent and/or the new registered office address here:	dress on our records, enter the nan	ne of the new registere
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		73
	Enter Florida street address	
 	, Florida _ s	Zip 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.

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II amending Authorized rerson(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
MGR	OSCAR ANEZ SILVA	6201 VINELAND RESORT WAY APT 203	= Add
		ORLANDO FL 32821	□Remove
			□ Change
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ffective date, if other than the date an effective date is listed, the date must be spoot tote: If the date inserted in this block do	ecific and cannot be prior t	o date of filing or more than	90 days after filing	g.) Pursuar	nt to 605.020
ocument's effective date on the Departn		ole statutory ming requi	rements, this that	e wiii not	. De fisieu a
record specifies a delayed effective date. I is filed.	, but not an effective tin	ne, at 12:01 a.m. on the o	earlier of: (b) T	he 90th d	lay after the
november 23RD	2021				
DocuSigned by:	,	<u> </u>			
1// 4000		ized representative of a mo			

Typed or printed name of signee