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## **COVER LETTER**

TO:

TO: Registration Se Division of Cor			e e	
DP904, LL	С.			
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:		
	Darren Pearson			
		Name of Person		
	DP904, LLC			
		Firm/Company	<del></del>	
	9831 Del Webb Pkwy Uni	it 1308		
		Address	<del></del>	
	Jacksonville, FL			
	<del> </del>	City/State and Zip Code	<del></del>	
	darrenpearson904@gmail.c			
Ear further information a	E-mail address: ( oncerning this matter, please c	to be used for future annual report no	tification)	
	oncerning this matter, prease c			
Darren Pearson		904 517-7108 t ()		
Name o	f Person		me Telephone Number	
Enclosed is a check for the	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 Addres		Street Address: Registration S	ection	
Registration Section Division of Corporations		Division of Co		
P.O. Box 6327		The Centre of	The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monr	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DP904, LLC		
( <u>Name of the Limited Liabili</u> (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)	
he Articles of Organization for this Limited Liability (	Company were filed on 08/13/2021	and assigned
orida document number L21000364373	·	
is amendment is submitted to amend the following:		
If amending name, enter the new name of the lim	sited liability company here:	
AMBOO DIGITAL, LLC		2
e new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or the	bbrevialien "L.L.C."
nter new principal offices address, if applicable:		
rincipal office address MUST BE A STREET ADDI	RESS)	2) N
	<u> </u>	
	्री: -	3: 40 3: AIE
nter new mailing address, if applicable:		<b>后 6</b>
Aailing address MAY BE A POST OFFICE BOX)		
		1111
If amending the registered agent and/or registere	ed office address on our records, <u>enter the na</u> r	ne of the new regist
ent and of the new registered office address here.		
Name of New Registered Agent:		
New Registered Office Address:		<u></u>
	Enter Florida street address	
	, Florida	
<del></del> -	City	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.

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
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		□Remove	
			☐ Change
			□Remove
<del>-</del>			
			Change
			□Add
		Change	
		□Remove	
		□Add	
		Remove	
			□ Change

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(If an effect Note:   If	e date, if other than the date of filing: (optional) ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the t's effective date on the Department of State's records.
e record s rd is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated _	12/8 2012
	12/8  2012  Multiplication of a member of authorized representative of a member
	Darren Pearson
	Typed or printed name of signee