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(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL
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ALBRITTUN

COVER LETTER

TO:

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

DIGIPRO CO SUBJECT:	ONSULTING, LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.			
Please return all correspond	dence concerning this matter	to the following:			
	GAZZILLO, NICHOLAS				
	Name of Person				
	DIGIPRO CONSULTING	, L.L.C			
	Firm/Company				
	15779 97TH RD N				
	•	Address			
	WEST PALM BEACH, F	L 33412			
		City/State and Zip Code	<u> </u>		
	NGAZZILLO@DIGIPROC				
	E-mail address: (to be used for future annual repo	rt notification)		
For further information cor	ncerning this matter, please ca	all:			
GAZZILLO, NICHOLAS		561 207-16			
Name of I	Person	Area Code D	aytime Telephone Number		
Enclosed is a check for the	following amount:				
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee.		
= 325.00 Fining Pee	Certificate of Status	Certified Copy (additional copy is enclosed	Certificate of Status &		
<u> Mailing Address:</u>		<u>Street Addre</u>			
Registration Section		_	Registration Section		
Division of Corporations		Division of Corporations			

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810



2021 DEC 22 A:11:20

FLORIDA DEPARTMENT OF STATE Division of Corporations

November 24, 2021

NICHOLAS GAZZILLO 15779 97TH RD N WEST PALM BEACH, FL 33412

SUBJECT: DIGIPRO CONSULTING, LLC

Ref. Number: L21000382592

We have received your document for DIGIPRO CONSULTING, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist III

Letter Number: 321A00028556

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DIGIPRO CONSULTING, LLC	
(<u>Name of the Limited Liability Company as</u> (A Florida Limited Liabil	it now appears on our records.) ity Company)
The Articles of Organization for this Limited Liability Company were	e filed on 08/26/2021 and assigned
Florida document number L21000382592	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	company here:
The new name must be distinguishable and contain the words "Limited Liability Co	ompany," 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)	
	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office addragent and/or the new registered office address here:	ess on our records, enter the name of the new regis
Name of New Registered Agent:	
New Registered Office Address:	College
	Enter Florida street address
	Florida

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.

City

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	GAZZILLO, NICHOLAS	15779 97TH RD N	□Add
		WEST PALM BEACH, FL 33412	
			■Change
			□Add
			□Change
	-		□Add
			□Remove
			Change
			□Add
		-	□Remove
			Change
			□Add
			□Remove
			□Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: ______ (optional) (If an effective 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)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed. Dated _____ 2021

Signature of a member or authorized representative of a member

Typed or printed name of signee

NICHOLAS GAZZILLO