# L21000413181

Office Use Only



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09/28/21--01032--004 \*\*25.00



OCT O L 2021 I ALBRITTON

## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 + Tallahassee, Florida 32301 (850) 224-8870 + 1-800-342-8062 + Fax (850) 222-1222

Holistic Digital Servic	es LLC			
· · · · · · · · · · · · · · · · · · ·				
				Art of Inc. File
				LTD Partnership File
			<del></del>	Foreign Corp. File
			<del></del>	L.C. File
				Fictitious Name File
				Trade/Service Mark
				Merger File
				Art, of Amend, File
				RA Resignation
				Dissolution / Withdrawal
			<del></del>	Annual Report / Reinstatement
				Cert. Copy
				Photo Copy
				Certificate of Good Standing
				Certificate of Status
				Certificate of Fictitious Name
				Corp Record Search
				Officer Search
			<u> </u>	Fictitious Search
Signature			<del></del>	Fictitious Owner Search
C				Vehicle Search
				Driving Record
Requested by: SETH	09/22/21		<u> </u>	UCC 1 or 3 File
Name	Date	Time		UCC 11 Search
				UCC 11 Retrieval
Walk-In	Will Pick Up			Courier



September 29, 2021

CAPITAL CONNECTION, INC.

SUBJECT: HOLISTIC DIGITAL SERVICES LLC

Ref. Number: L21000413181

We have received your document for HOLISTIC DIGITAL SERVICES 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.

The registered agent must sign accepting the designation.

The signatures are not acceptable.

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: 021A00023522

#### **COVER LETTER**

· TO:

	Registration Se Division of Cor			
SUBJEC		DIGITAL SERVICES LLC		
SUBJEC	. I.;	Name of Limi	ited Liability Company	
The encid	osed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		HERMAN SINGH		
			Name of Person	
		HERMAN SINGH & ASS	OCIATES	
			Firm/Company	
		600 RINEHART RD SUIT	TE 2008	
			Address	
		LAKE MARY, FL 32746		
			City/State and Zip Code	
		SHERRY@HSTAXES.CO		
- 0 1			to be used for future annual report no	tilication)
For turth	ier information c	oncerning this matter, please ca	all:	
HERMA	AN SINGH		407 831-1399 at ( )	
	Name o	f Person		me Telephone Number
Enclosed	l 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 S	Section	Street Address: Registration S	
	Division of C P.O. Box 632		Division of Co The Centre of	•

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HOLISTIC DIGITAL SERVICES			
(Name of the Limi	ited Liability Company as it now a (A Florida Limited Liability Comp	ppears on our records.) any)	<del></del>
The Articles of Organization for this Limited L	n <u>9/17/21</u>	and assigned	
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability compa	ny here:	
The new name must be distinguishable and contain the	words "Limited Liability Company,"	the designation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		02) 55
			<u> </u>
Enter new mailing address, if applicable:			3
Mailing address MAY BE A POST OFFICE	<u> BOX)</u>		9
			. ហ
B. If amending the registered agent and/or agent and/or the new registered office address.		our records, <u>enter the name c</u>	of the new register
Name of New Registered Agent:			
New Registered Office Address:	1673 SHADOWMOSS CIR	er Florida street address	
	LAKE MARY	Florida 32746	5
	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.

151	Paramjeet singh	
	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
AP	PARAMJEET SINGH	1673 SHADOWMOSS CIRCLE	<b>≣</b> Add
		LAKE MARY, FL 32746	□Remove
			☐ Change
			□ Add
			□ Remove
			□Change
			□Add
			□Remove
			□Add
			□Remove
		<del></del>	Change
			□Remove
			□Change
<del></del>			
			□Remove
			∩ Change

	<del></del>
	0/29/21
Effective date, if other than the date	e of filing: (optional)
	loes not meet the applicable statutory filing requirements, this date will not be listed as th
he record specifies a delayed effective dat ord is filed.	e, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated SEPTEMBER 28	. 2021
/5/ Paramjeet sing	hature of a member or authorized representative of a member
Sign	ature of a member or authorized representative of a member
PARAMJEET SINGH	
	Typed or printed name of signee

Filing Fee: \$25.00