121000441901

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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COVER LETTER

TO:

TO: Registration Se Division of Cor			
	EPHIBER TECH LLC		
SUBJECT:			
The state of the state of	A 1 6(min of Con Clina	
	Amendment and fec(s) are sub	<u>-</u>	
Please return all correspo	ndence concerning this matter	to the following:	
	Divyne Apollon		
		Name of Person	
	DIGITAL & PHIBER TEG	CH LLC	
		Firm/Company	···
	2655 Ulmerton Rd, Apt 13	4	
		Address	
	Clearwater, FL 33762		
		City/State and Zip Code	
	divyneapollonsr@gmail.com		.,,
		to be used for future annual report no	ufication)
For further information c	oncerning this matter, please c	all:	
divyncapollonsr@gmail.com		202 497-3734 at () =	
Name o	f Person	Area Code Daytir	me Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fce	S30.00 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:	ection
Registration Section Division of Corporations		Registration Section Division of Corporations	
P.O. Box 632	27	The Centre of	Tallahassee
Tailahassee,	FL 32314	2415 N. Monre	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DIGITAL & PHIBER TECH LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) and assigned Florida document number _______L21000441901 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 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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

Florida

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
CEO	DIVYNE R APOLLON	2655 ULMERTON RD	≡ Adđ
		#134	□Remove
		CLEARWATER, FL 33762	Change
			□Add
			□Remove
			Change
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	2021 OCT 19
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	- 1 5
. Effective date, if other than the date of filing:	tiling.) Pursuant to 605.0207 (3)(
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (becord is filed.	The 90th day after the
Dated October 15 2021	
Signature of a member or authorized representative of a member	

Filing Fee: \$25.00