L21000505653

(Requestor's Name)	
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COVER LETTER

TO: Registration Section Division of Corporati	ons		
SUBJECT: Designvill	e Digital LLC		
SUBJECT:		ted Liability Company	
The enclosed Articles of Amend	iment and fee(s) are subr	nitted for filing.	
Please return all correspondence	e concerning this matter t	o the following:	
<u>J</u>	ames Sacke	у	
		Name of Person	
	esignville D	igital LLC	
		Firm/Company	
7	901 4th N ST	E 300	
		Address	
S	t. Petersbui	rg, FL 33702	
		City/State and Zip Code	·
<u>ja</u>		villedigital.com	fication)
For further information concern	·		
_			5 0
James Sackey Name of Perso	n	at (305) Area Code Daytime	e Telephone Number
, . 	•		·
Enclosed is a check for the follo	owing amount:		
S25.00 Filing Fee □	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section	on	Street Address: Registration Sec	ction
Division of Corpor		Division of Cor	•
P.O. Box 6327 Tallahassee, FL 32	2314	The Centre of T 2415 N. Monro	allahassee e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Designville Digital LLC

Digital LLC

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

The Articles of Organization for this Limited Li Florida document number L21000505653	ability Company	were filed on	11/29/2021 and assigned		
This amendment is submitted to amend the follo	owing:				
A. If amending name, enter the new name of	the limited liab	ility company	<u>r here</u> :		
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," th	he designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applications	able:	7901 4tl	h N STE 300		
(Principal office address MUST BE A STREE		St. Peter	rsburg, FL 33702		
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>		7901 4th N STE 300 St. Petersburg, FL 33702			
B. If amending the registered agent and/or ragent and/or the new registered office addres		address on ou	ir records, <u>enter the name of the new register</u>	<u>'ea</u>	
Name of New Registered Agent:	Registered	d Agents Ir	<u></u>		
New Registered Office Address:	7901 4th I	N STE 300	Florida street address		
	St. Peters	burg	Florida 33702		
		Cuy	Zip Code		
Nam Desistant Asset's Cignoture if shanging D	Parietared Agent				

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.

> Bill Havre Assistant Secretary 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
MGR	James Sackey	7901 4th N STE 300	Add
		St. Petersburg, FL 33702	Remove
			⊘ Change
			Add
			Remove
			Change
			□Add
			Remove
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