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To:

Division of Corporations

Fax Number

: (350)617-6383

From:

Account Name : CLARA GIRALDO ENROLLED AGENT

Account Number : 11999000017 Phone : (305)485-9300 Fax Number : (305)485-1098

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

13 PH 6:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DELGADO BUSINESS, LLC

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C. BRUMBLEY APR 1 4 2022

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		City	, £ 10(1)		Zip Code	:
		, Florida				
New Registered Office Address:	N/A	Enter Flor	rida sireet address			
	N/a					
Name of New Registered Agent:	N/A					
gent and/or the new registered office address						
3. If amending the registered agent and/or reg	istered office	address on ou r r	ecords, enter the	e name	of the n	ew regist
					· · ·	
Mailing address MAY BE A POST OFFICE B		_		22		
Enter new mailing address, if applicable:			:	<u>6</u> .	D	
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riacipui office address MOST DE A STREET	ADDRUM)				d.	1]
Principal office address MUST BE A STREET					12 A 5	-
inter new principal offices address, if applicab	ole:	N/A		•	20/2	
he new name must be distinguishable and contain the wor	ds "Limited Liabi	lity Company," the d	icsignation "LLC" o	r the abbr	eviation "	L.L.C."
DIGITAL BRAIN SOLUTIONS, LLC.						
A. If amending name, enter the new name of t	he limited liab	ility company he	ere:			
This amendment is submitted to amend the follow	ving:					
lorida document number L22000030749	······································					
The Articles of Organization for this Limited Liab	omy Company	were thea on <u></u>			anu a	aargiicu
	37±1 C		/27/2022		and a	ssigned
(Name of the Limited	Liability Compa Florida Lunited	iny as it new appear Liability Company)	rs on our records.)			
DELGADO BUSINESS, LLC	VI 101-					

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
N/A	N/A	N/A	□Add
			□ Remove
			□Change
			□Remove
			Change
			□ Add
			☐ Remove
			☐ Change
			□ Add
			□Remove
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change

	N/A
Note:	ive date, if other than the date of filing:
ie reco ord is f	rd 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 led.
Dated	APRIL 07 2022
Dated	
	1 1 1 M

Filing Fee: \$25.00

Typed or printed name of signee