

L22000047374

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

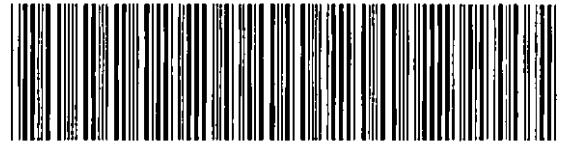
(Business Entity Name)

(Document Number)

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08/02/23--01016--007 \*\*25.00

2023 AUG -2 AM 6:51

*[Handwritten signature]*

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

IDAI SUPPLY & SERVICE, LLC

**SUBJECT:** \_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LUISA CRESSEVICH

\_\_\_\_\_  
Name of Person

IDAI SUPPLY & SERVICE, LLC

\_\_\_\_\_  
Firm/Company

5657 SKYTOP DR

\_\_\_\_\_  
Address

LITHIA, FL 33547

\_\_\_\_\_  
City/State and Zip Code

veressevich@hotmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LUISA CRESSEVICH 786 825 0662

\_\_\_\_\_  
at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

IDAI SUPPLY & SERVICE

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

2023 AUG -2 AM 6:56

The Articles of Organization for this Limited Liability Company were filed on 8:00 AM JANUARY 26, 2022 and assigned  
Florida document number L22000047374.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

IDAI DIGITAL, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

**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*

*City*

**Florida**

*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.*

**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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

MAIN ACTIVITY: MAKETING DIGITAL AND ANY AND ALL LAWFUL BUSINESS

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**F. 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 645.0207 (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.

JULY 28, 2023

9:00AM

Dated \_\_\_\_\_,

Signature of a member or authorized representative of a member

LUISA CRESSEVICH

Typed or printed name of signer

**Filing Fee: \$25.00**

July, 28 2023

Receive a cordial greeting, I am Luisa Cressevich, authorized person of IDAI SUPPLY & SERVICE, LLC. I am attaching an amendment for the change of name from IDA SUPPLY & SERVICE, LLC to IDAI DIGITAL, LLC, already verified on the Sunbiz website that this name does not exist. As well as the change of the main activity of the business of sale and export of industrial parts to Digital Marketing. My phone number is 786-825-0662, my address is 5657 Skytop Dr, Lithia, FL 33547, I am at your entire disposal.

I appreciate your support, Best Regards

A handwritten signature in black ink, appearing to read 'Luisa Cressevich', with a stylized, cursive script.

Luisa Cressevich