L22000111563

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COVER LETTER

	tration Sect on of Corpo			
	orospace M			
SUBJECT: _	,,-	Name of Limi	ted Liability Company	
The enclosed A	Anicles of A	mendment and fee(s) are sub-	nitted for filing.	
Please return al	ll correspond	lence concerning this matter	to the following:	
		Corey Williams		
			Name of Person	
		Torospace Marketing		
			Firm/Company	
		16026 DOWING CREEK	DR	
			Address	
		JACKSONVHLE, FL 322	18	
			City/State and Zip Code	
		torospace2021@gmail.com	to be used for future annual report no	differentian)
For further infe	ormation cor	neerning this matter, please ca		otticanon)
Corey William			904 930-0596	
	Name of I	³ erson	at ()	me Telephone Number
Enclosed is a c	heck for the	following amount:		
□ \$25.00 Fil	ing 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)
	ng Address: stration So		Street Address: Registration S	Section
Divis	sion of Co	rporations	Division of Co	orporations
	Box 6327 hassee, Fl		The Centre of 2415 N. Moni	Tallahassee roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Torospace Marketing	
(Name of the Limited Liability Company as it now (A Florida Limited Liability Co	n appears on our records.) mpany)
The Articles of Organization for this Limited Liability Company were filed	
lorida document number 1.22000111563	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability comp	pany here:
l'oro Digital LLC	
he new name must be distinguishable and contain the words "Limited Liability Compan	ny," 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)	
muning under (35 1771 172 171 00) Or 1702 19019	÷ 22
	()
B. If amending the registered agent and/or registered office address of	
ngent and/or the new registered office address here:	2., (2)
	:
Name of New Registered Agent:	54 <u>5</u>
<u></u>	
New Registered Office Address:	Enter Florida street address
1.	
	nier r ioriaa sireet aaaress
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>	Name	<u>Address</u>	Type of Action
			□Add
			□Remove
			□ Change
			□Add
			Remove
			□Change
			□Remove
			□Change
			□Add
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change

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ffective date, if other than the date of filing: 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 of: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not becoment's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the The 90th day after the record is filed.	
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Corey D williams Signature of a member or authorized representative of a member	
Signature of a member or authorized representative of a member	_

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Filing Fee: \$25.00