L22000249527

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	SEP 29	2022
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COVER LETTER

TO:

Registration Section

Division of Cor	porations		
	365 ACADEMY LLC	٤	
SUBJECT:	Name of Lim	nited Liability Company	<u> </u>
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	ILIANA M. ORBEGOZO		
		Name of Person	
	DIGITAL 365 ACADEM	Y LLC	
	-	Firm/Company	<u> </u>
	15601 SW 137 AVE APT	170	
		Address	· -
	MIAMI, FL 33177		
		City/State and Zip Code	
	zucsana@gmail.com		
		to be used for future annual report no	Attication)
For further information c	oncerning this matter, please c	all:	
ILIANA M. ORBEGOZO	0	786 205-7294 at ()	
Name of	f Person		me Telephone Number
Enclosed is a check for th	e following amount:		
■ \$25.00 Filing 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)
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, F	Section orporations 7	Street Address: Registration S Division of Co The Centre of 2415 N. Monn Tallahassee, F	orporations Tallahassee oe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DIGITAL 365 ACADEMY LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 05/31/2022 and assigned Florida document number L22000249527 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: **DIGITAL 365 LLC** The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." 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>	<u>Name</u>	Address	Type of Action
			□Add
		-	□Remove
			Change
			□Add
			□Remove
			□Add
			🗆 Remove
			□Change
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ffective date, if other than	the date of fili	ng:		(opti	onal)
an effective date is listed, the dat ote: If the date inserted in the	e must be specific a	nd cannot be prior	to date of filing or	nore than 90 days after	filing.) Pursuant to 605.0207
ocument's effective date on t				ng requirements, un	s date will not be fisted as
record specifies a delayed eff	ective date, but no	ot an effective ti	ime, at 12:01 a.m.	on the earlier of: (b) The 90th day after the
is filed.					
JUNE 09		2022			
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			orized representativ		

Typed or printed name of signee