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## **COVER LETTER**

Registration Section

TO:

Division of Co	orporations						
	tal Domination LLC						
SUBJECT: Name of Limited Liability Company							
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.					
Please return all corresp	oondence concerning this matter	to the following:					
	Christopher Spellman						
		Name of Person					
	Blue Digital Domination I	LLC					
		Firm/Company					
	1100 Brickell Bay Dr unit	#45N					
		Address					
	Miami, Florida, 3313						
		City/State and Zip Code					
	Christopher.Spellman92@g	gnail.com to be used for future annual report not	ification)				
For further information	concerning this matter, please c	·	·····,				
Christopher Spellman		805 390-9528					
Name	of Person	at () Area Code Daytin	ne Telephone Number				
Enclosed is a check for	the following amount:						
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy tadditional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				
Mailing Addr Registration		Street Address: Registration Se	ection				
Division of Corporations		Division of Corporations					
P.O. Box 63 Tallahassee			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Blue Digital Domination 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  $\frac{08-08-2022}{1}$ \_\_\_\_\_ and assigned Florida document number L22000348000 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," 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) 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 \_\_, Florida \_\_\_

## 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>	Address	Type of Action
MGR	Josh Beechraft	6000 E Hoxie RD, Cedar, MI49621	
			Remove
			□Change
MGR	Ryan Ciran	6606 Marina Pointe VLG CT #203	□Add
		Tampa Fl. 33635	■Remove
			□ Change
			🗆 Add
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Effective date, if other than the fan effective date is listed, the date in:  Note: If the date inserted in this b document's effective date on the I	lock does n	lling: and cannot of meet the	applicable	nte of filing or statutory fi	r more than 90 ling requiren	(option days after finents, this d	al) ling.) Pursuant late will not b	to 605,0207 re listed as
e record specifies a delayed effecti rd is filed.	e date, but	not an effe	ective time,	at 12:01 a.n	n, on the ear	lier of: (b)	The 90th day	y after the
Dated 8-14-2024		3:00	pm Est					
	Signature o	of a member	or authorize	d representat	ive of a memb	er		_

Filing Fee: \$25.00