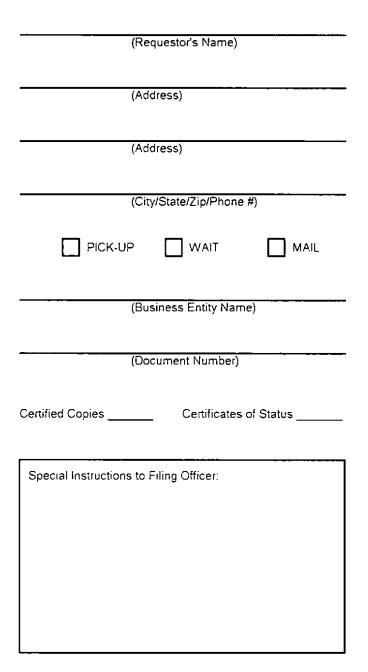
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Office Use Only





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COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

SUBJECT:	VEAR LLC		•
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	FLAVIA PAZOS		
	******	Name of Person	·
	IPLAN FINANCIAL SOL	UTIONS LLC	
		Firm/Company	
	1065 TILDENVILLE SCI	IOOL ROAD	
		Address	
	WINTER GARDEN, FLO	ORIDA . 34787	
	.	City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	fication)
For further information c	oncerning this matter, please c	all:	
FLAVIA PAZOS		786 7865085644	
Name o	f Person	at () Area Code Daytime	e Telephone Number
Enclosed is a check for the	he 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	Section Corporations	Street Address: Registration Sec Division of Cor The Centre of T	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ISSHOU WEAR LLC				
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our reco Liability Company)	ords.)		
The Articles of Organization for this Limited Liability Compan	y were filed on 10/10/2022		_and assign	ned
Torida document number L22000437353				
his amendment is submitted to amend the following:				
If amending name, enter the new name of the limited lia	bility company here:			
EADIT DIGITAL LLC				
he new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "L	LC" or the abbres	riation "L.L.C	
nter new principal offices address, if applicable:				
• • •	·-·		2021	
Principal office address MUST BE A STREET ADDRESS)			- 	Ti
			<u> </u>	
		S V	<u>ပ</u> ေ	
nter new mailing address, if applicable:	····	<u> </u>	- A-	
<u> 1ailing address MAY BE A POST OFFICE BOX)</u>		T.S	_ <u>=</u> (<u> </u>
		72	ယ္ထ	
. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records, ent	er the name o	f the new r	egisto
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street add	race		
	isner I tornat street and	1600		
		Florida	Zip Code	
	City	•	ир Соде	

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
			□ Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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			□Remove
			□Change
		.	_Add
		<u> </u>	□Remove
			□Change

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Filing Fee: \$25.00