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TO: Registration Se Division of Cor		•	ř		
DIGGY N	ATION ELC				
SUBJECT:	Name of Lin	nited Liability Company			
	Amendment and fee(s) are sub ondence concerning this matter	<u>-</u>			
	MARISCAWONG			202	
		Name of Person			•
	DIGGY NATION				644 E1
		Firm/Company		ୁ ମୃକ୍ୟ ଓ ଜୀବ >>	* *
6550 WINFIELD BLVD APT # 103				2023 JUL 10 AM 10: 00 SECRETARY CENTYL	
		Address		00	
	MARGATE, FL 33063				
	MARISCAW@YAHOO.C	City/State and Zip Code	-1,-		
		to be used for future annual report notif	ication)		
For further information c	concerning this matter, please c				
MARISCA WONG		954 548-7500 at ()			
Name o	d Person	Area Code Daytime	Telephone Number		
Enclosed is a check for the	he following amount:				
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Fiting Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	
<u>Mailing Addres</u> Registration !		Street Address: Registration Sec	tion		
Division of C		Division of Corr			

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 JUL 10 AM 10: SECRSTARY (5.33) TALL A 145

DIGGY NATION		<u> </u>
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Jability Company)	A
The Articles of Organization for this Limited Liability Company	were filed on 10/17/2022	and assi
Florida document number 1.22000446396		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liah	ility company here:	
DIGGY NATION LLC		
The new name must be distinguishable and contain the words "Limited Liabil	fity 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 agent and/or the new registered office address here:	address on our records, <u>enter the na</u>	me of the new registere
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.

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
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			□Remove
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Dated t	10		2003					
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Filing Fee: \$25.00