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To:

Division of Corporations Fax Number : (850)617-6383

From:

Account Name : REZLEGAL, LLC Account Number : 120140000033 Phone : (904) 585-9321 Fax Number : (904)567-1066

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

matt@identitymark.ai Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DIGISIGN, LLC

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Tallahassee, FL 32314

## H24000241604 3

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(	JOYER	LETT	ER

TO: Registration Se Division of Cor			
Digisign, L	LC		
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:	
	Tanya G, Foreman, Esq.		
		Name of Person	
	RezLegal, LLC		
		Firm/Company	
	816 A1A North, Suite 204		
		Address	
	Ponte Vedra Beach, Florid	a 32082	
		City/State and Zip Code	
	matt@identitymark.ai	to be used for future annual report notif	ication)
For further information e	concerning this matter, please co		
Tanya Foreman, Esq.		904 638-1164	
Name o	of 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	Section	Street Address: Registration Sec	
Division of C P.O. Box 632		Division of Cor The Centre of T	•

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2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

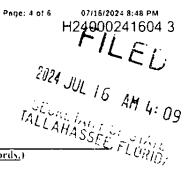
From: Erika

Fax: +19042970982

Docusign Envelope ID: 184A0FEF-2152-4EA7-6D21-DBCA0B4E38BB

## Fax: +18506176383

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



Digisign, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florid	la Limited Liability Company)	10,
The Articles of Organization for this Limited Liability C Florida document number 1.22000483236		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
Identity Mark, LLC		
The new name must be distinguishable and contain the words "Lir	nited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>	
(Principal office address MUST BE A STREET ADD.	RESS)	
		<del></del>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:  Name of New Registered Agent:	ed office address on our records. <u>enter the</u>	name of the new registere
New Registered Office Address:		
	Enter Florida street address	
	Florid	a
	Cuy	Zip Code
New Registered Agent's Signature, if changing Registere	ed Agent:	
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and cacept the obligations of my position as registered a being filed to merely reflect a change in the register company has been notified in writing of this change.	complete performance of my duties, and I igent as provided for in Chapter 605, F.S. red office address, I hereby confirm that th	am familiar with and Or, if this document is
	If Changing Registered Agent, Signature of Ne	w Registered Agent

n amenung <u>or remo</u> ved	( Authorized rerson(s) authoriz <u>from our records</u> :	Fax: +18506176383 DB4E38BB cu to manage, <u>enter the title, name, and</u>	i address of each person being i
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$\Lambda MBR = \Lambda$	uthorized Member		
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