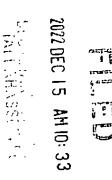
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	Address)	
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· <del></del>	City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
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(	Document Number)	
Dertified Copies	_ Certificates of	Status
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### **WALK IN**

WALKIN				
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XX	CERTIFIED COPY PHOTOCOPY			
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PECIAL NSTRUC	ETIONS:			

#### **COVER LETTER**

	ration Sect n of Corpo				
	noGrowth I	Digital LLC			
SUBJECT:		Name of Lim	ited Liability Compan	у	
The enclosed Ar	ticles of A	mendment and fee(s) are sub	mitted for filing.		
Please return all	correspond	lence concerning this matter	to the following:		
		Lisa Zarro			
			Name of Perso	п	
		Registered Agent S	olutions, Inc.		
			Firm/Company	y	<del></del>
		5301 Southwest Pky	wy., Suite 400		
			Address		
		Austin, TX 78735			
			City/State and Zip (	Code	
		orders@rasi.com			<del></del>
For further infor	mation con	t:-mail address: ( cerning this matter, please co	to be used for future as all:	nnual report notifica	ation)
Lisa Zarro			888 at (	705-7274	
	Name of P	crson	Arca Code	Daytime T	elephone Number
Enclosed is a cho	eck for the	following amount:			
<b>■</b> \$25.00 Filing	g Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Certified Cop (additional copy	ру	☐ \$60.00 Filing Fcc, Certificate of Status & Certified Copy (additional copy is enclosed)
Regist	Address: ration Se		Reg	<del>eet Address:</del> gistration Secti	
	on of Cor lox 6327	porations		ision of Corpo Centre of Tal	
	assee, FL	. 32314			Street, Suite 810

Tallahassee, FL 32303

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

FILED 2022 DEC 15 AM 10: 33

InnoGrowth Digital LLC

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

		MERAPASSEE, FL
The Articles of Organization for this Limited Plorida document number <u>L22000520908</u>	d Liability Company were filed on 12/12/2022	and assigned
This amendment is submitted to amend the f	following:	
A. If amending name, enter the new name	e of the limited liability company here:	
he new name must be distinguishable and contain the	he words "Limited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if app	olicable:	
Principal office address MUST BE A STR	EET ADDRESS)	
Enter new mailing address, if applicable:		
<u>Mailing address MAY BE A POST OF FIC</u>	<u></u>	
<ol> <li>If amending the registered agent and/o</li> </ol>	r registered office address on our records, o	enter the name of the new regist
	or registered office address on our records, on the state of the state	enter the name of the new regist
		enter the name of the new regist
		enter the name of the new regist
gent and/or the new registered office add	lress here:	
gent and/or the new registered office add  Name of New Registered Agent:		
Name of New Registered Agent:	Enter Florida street	

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
AMBR	Mojica Barreto, Juan	1339 CARDINAL COVE CIRCLE	
		SANFORD, FL 32771	□Remove
			= Change
			□Add
			Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
		<del></del>	□Remove
			□Change
			□Add
			□Remove

Effective date, if other than the date of filing:    Juan Hojica Barreto   Signature of a member or authorized representative of a member   Juan Mojica Barreto   Signature of a member or authorized representative of a member   Juan Mojica Barreto   Signature of a member or authorized representative of a member   Juan Mojica Barreto   Signature of a member or authorized representative of a member   Juan Mojica Barreto   Signature of a member or authorized representative of a member   Juan Mojica Barreto   Juan Mojica Barret				<del></del>
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Filing Fee: \$25.00