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## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT: N	He loop dia	Last 11c	
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
		ly FRANK Name of Person	
	In the	Loop digital,	11c
	3207	Spanish Wel	1s DR.C
( Kelly o	Del ray Jail 168) E-mail address: (	City/State and Zip Code  Killy Gallo & Al to be used for futyre annual report notifi	3445 annilicom
	oncerning this matter, please co	·	
Lelly Name of	FICANIC	at ( <u>547) 57) / -</u> Area Code Daytime	Telephone Number
Enclosed is a check for th	e 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)
Mailian Address		Stand Address	

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

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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

( <u>Name of the Limited Liability Co</u> (A Florida Lim	impany as it now appears ited Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Comp Florida document number <u>し み 3 00 00 6 1 8 7</u>	nany were filed on <u>Fe</u> 3	bob, 2023 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited  Z LiSt Digit al  The new name must be distinguishable and contain the words "Limited I	· · · · · · · · · · · · · · · · · · ·	
Enter new principal offices address, if applicable:		202
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	33 5 3
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered offagent and/or the new registered office address here:	ice address on our rec	ords, enter the name of the new registers
Name of New Registered Agent:		
New Registered Office Address:	Enter Florid	a street address
		Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Ag	ent:	pacity. I further agree to comply with th

If Changing Registered Agent, Signature of New Registered Agent

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>	<u>Address</u>	Type of Action
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Remove
		□Add	
			□Remove
		□Add	
		□Remove	
		□Change	
			□Remove
			□Change

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). If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	<del></del>
•	
Note:	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	December 22, 2023.
	Signature (Lamember or authorized representative of a member
	Kelly Frank

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Filing Fee: \$25.00