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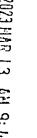
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## **COVER LETTER**

TO: Registration Division of C	Section Corporations					
DIGITA SUBJECT:	L CASTLE LLC					
SUBJECT:	Name of Lin	nited Liability Compar	ıy	<del></del>		
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.				
Please return all corre	spondence concerning this matter	to the following:				
	CASTILLO, CARLOS A.					
		Name of Perso	n			
	DIGITAL CASTLE LLC					
		Firm/Compan	у			
	24446 SW 108 PL					
	<del></del>	Address				
	HOMESTEAD, FL 33032				-,-	20
		City/State and Zip	Code			23 H
	ccastillo@digitalcastle.com				-	20 20
	E-mail address: (	(to be used for future a	nnual report notifi	cation)	1.7	$\overline{\omega}$
For further informatio	n concerning this matter, please c	all:				
CASTILLO, CARLO	S A.	786 at (	226-5204			AH 9: 45
Nam	e of Person	Area Code	2 Daytime	Telephone Number	_ <del></del>	ᄭ
Enclosed is a check fo	r the following amount:					
■ \$25.00 Filing Fee	•	S55.00 Filing Certified Co (additional copy	ру	S60.00 Filis Certificate Certified C (additional co	of Status Copy	
Mailing Add Registratio			eet Address:	tion		
Division of Corporations		Registration Section Division of Corporations				
P.O. Box 6327		The Centre of Tallahassee				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp (A Florida Limited	any as it now appears ( Liability Company)	on our records.)		
The Articles of Organization for this Limited Liability Company Florida document number	y were filed on02	/22/2023 ar	nd assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	bility company here	<b>:</b>		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the desi	gnation "LLC" or the abbreviati	on "L.L.C."	
Enter new principal offices address, if applicable:		,	20	
(Principal office address MUST BE A STREET ADDRESS)		in the second	73	
		: .	20	
			CO J	
Enter new mailing address, if applicable:			= 7	
•			ت و	
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>	7-3	£2.	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our rec	ords, enter the name of th	e new registered	
Name of New Registered Agent:				
New Registered Office Address:			<del></del>	
	Enter Florida street address			
	City	, Florida	Zip Code	
N'on Designation of America Cinnature of the aming Designation of America	•	Z.tp	Loae	
New Registered Agent's Signature, if changing Registered Agent	-			
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of m provided for in Ch	v duties, and I am familia apter 605, F.S. Or, if this	r with and document is	

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>	Name	Address	Type of Action
MGR	CASTILLO, CARLOS A.	24446 SW 108 PL, HOMESTEAD, FL 33032	■∧dd
			□Remove
			□Change
	·	<del></del>	□Add
			□Rcmove
			□Change
<del></del>			2023 HAR
			□Remove ===
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an effect	e date, if other than the date of filing: (optional) ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60	5.020
	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list's effective date on the Department of State's records.	ted a
record s	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	er the
l is filed		
ated	03/08/2023 09:20 AM 0 0 ( )	
		<b>&gt;</b>
	Signature of a member pr authorized representative of a member	างว
	1/	=
	Signature of a member pr authorized representative of a member  CASTILLO, CARLOS A.	7

Filing Fee: \$25.00