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COVER LETTER

TO:	Registration So Division of Cor			,	
•	DIGITAL	COWORKER LLC	. 4"		
SUBJEC	CT:	Name of Lim	ited Liability Company		
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please re	eturn all correspo	ondence concerning this matter	to the following:		
		Paul Vargas			
			Name of Person		
		DIGITAL COWORKER L	LC		
			Firm/Company	· <u> </u>	
		301 NEWPORT T			
Address					
	DEERFIELD BEACH, FL 33442				
			City/State and Zip Code		
		paulyv2005@yahoo.com			
		E-mail address: (to be used for future annual report not	fication)	
For furth	ner information o	concerning this matter, please co	all:		
Paul Vai	rgas		305 409-3422		
	Name o	of Person		ne Telephone Number	
Enclosed	l is a check for t	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 Addre		Street Address:	ation	
	Registration Division of C		Registration Se Division of Cor		
	P.O. Box 632	=	The Centre of T		

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 Company as it now appears on our records.) SECRETARY

z.. ...D

DIGITAL COWORKER LLC

2023 MAR 20 AM 10: 34

(//	Proceda Emitted Elability Company)	TAULAHASSEE, F
The Articles of Organization for this Limited Liab Florida document number L23000105786		and assigned
This amendment is submitted to amend the follow		
A. If amending name, enter the new name of the	ne limited liability company here:	
COLLABOLICIOUS LLC		
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET)	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or reg	stered office address on our records, <u>ent</u> e	er the name of the new regist
gent and/or the new registered office address b	<u>iere</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addr	S.S.
	, I	Florida
	City	Zip Code

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>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			\ _Add
			□Remove
			Change
			☐ Add
			Remove
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fective date, if other that in effective date is listed, the di ote: If the date inserted in cument's effective date on	ate must be specific and this block does not m	cannot be prior to da neet the applicable	nte of filing or more that statutory filing requ	(optional n 90 days after filing irements. this date	t.) Pursuant to 605,020
	ffective data but not	an effective time,	at 12:01 a.m. on the	earlier of: (b) T	he 90th day after the
ecord specifies a delayed e is filed.	nective date, but not				
is filed.	nective date, but not	2023			
is filed.	, and the state of	2023			
is filed.) 2/1/		Trepresentative of a m		