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## **COVER LETTER**

TO:

**Registration Section Division of Corporations** 

Digital Sun	sations LLC			
30bJEC1.	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:		
	Jody Hall			
		Name of Person		
	Agency 125 LLC			
		Firm/Company		
	4415 W Leila Ave			
		Address		
	Tampa, FL 33616			
		City/State and Zip Code	<del></del>	
	jodyhall@usa.net			
	F-mail address: (	to be used for future annual report not	tification)	
For further information c	oncerning this matter, please c	all:		
Jody Hall		812 550-3412 at ()		
Name of Person		Area Code Daytir	ne 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 Addres Registration	<del></del>	Street Address: Registration So	ection	
Registration Section Division of Corporations		Division of Corporations		
P.O. Box 632	2.7	The Centre of	Tallahassee	
Tallahassee,	FL 32314	2415 N. Monro	oe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Digital Sunsations LLC	·	
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records. Liability Company)	)
The Articles of Organization for this Limited Liability Company Florida document number 1.23000169908	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited ligh</u>	pility company here:	
Agency 125 LLC		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4415 W Leila Ave	
(Principal office address MUST BE A STREET ADDRESS)	Tampa, FL 33616	
Enter new mailing address, if applicable:	4415 W Leila Ave	, , , , , , , , , , , , , , , , , , ,
Mailing address MAY BE A POST OFFICE BOX)	Tampa, FL 33616	۵
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		.: .s
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter t</u>	<u>he name of the new reg</u> i
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	Enter Florida street address	
	, Flor	
	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 to 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 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 ador removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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ecord specifies a delayed effectivis is filed.	e date, but not an	i effective time	, at 12:01 <b>a</b> .m. o	on the earlier of: (b	) The 90th day aft	er the
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April 6	<del></del>		-			
nted April 6	h Hall Signature of a me		and confidentialism	ot a mumber		