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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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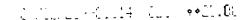
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| 0 t TD 0 TD 0 TD | _ | EYVR LLC | | Ÿ |
| SUBJECT: _ | | | ited Liability Company | |
| The enclosed A | Articles of | Amendment and fee(s) are sub | mitted for filing | |
| | | ndence concerning this matter | _ | |
| | | | -5 | |
| | | ADRIANA MUNHOLI | | |
| | | | Name of Person | |
| | | PREMIUM CONSULTIN | G AND TAX SERVICES LLC | |
| | | | Firm/Company | |
| | | 8803 FUTURES DRIVE S | SUITE 5B | |
| | | | Address | |
| | | ORLANDO - FLORIDA - | 32819 | |
| | | | City/State and Zip Code | |
| | | ADRIANA@PREMIUMTA | AXUSA.COM to be used for future annual report not | |
| For further info | ormation c | oncerning this matter, please c | • | meanon |
| ADRIANA M | UNHOLI | | 321 236-0200 at () | |
| | Name o | f Person | Area Code Daytir | ne Telephone Number |
| Enclosed is a c | check for th | ne following amount: | | |
| ■ \$ 25.00 Fil | ling Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Section Section Section Sectificate of Status & Certified Copy (additional copy is enclosed) |
| Regi | ng Addres | Section | Street Address: Registration Se | |
| | sion of C Box 632 | orporations 7 | Division of Co The Centre of | |
| | | FL 32314 | | be Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| DIGITALKEYVR LLC | . 11:19: 0 | | | | |
|--|---|---|--|------------|----------------|
| (Name of the Lim | (A Florida Limited L | ny as it now appears on our records.) iability Company) | | | |
| The Articles of Organization for this Limited I Florida document number L23000204852 This amendment is submitted to amend the following the submitted to amend the submitted the sub | | were filed on <u>04/25/2023</u> | aı | nd assig | med |
| A. If amending name, enter the new name | of the limited liabi | lity company here: | | | |
| The new name must be distinguishable and contain the | words "Limited Liabil | ity Company," the designation "LLC" or the | abbreviati | ion "L.L. | Ċ." |
| Enter new principal offices address, if appli | cable: | NO CHANGE | | | |
| (Principal office address MUST BE A STRE. | | | | | |
| | | | ··. | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE | E BOX) | NO CHANGE | <u>. </u> | _ | |
| B. If amending the registered agent and/or agent and/or the new registered office address. | | ddress on our records, enter the n | ame of th | ie new | registered |
| Name of New Registered Agent: | NO CHANGE | | | 2 | |
| New Registered Office Address: | NO CHANGE | | ·· | دى: ئىخ | • |
| 110 if Atagajatos State (Addiess | | Enter Florida street address , Florida City ee to act in this capacity. I further | 2, | 1-2 | |
| | | City | Zip | Code | • |
| New Registered Agent's Signature, if changing | Registered Agent: | | 5 | -7. | • |
| I hereby accept the appointment as register provisions of all statutes relative to the projection accept the obligations of my position as region being filed to merely reflect a change in the company has been notified in writing of this | per and complete istered agent as p registered office | performance of my duties, and I a provided for in Chapter 605, F.S. C | m familio Or, if this | ar with | and ient is |

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 |
|--------------|------------------------|-----------------------------------|------------------|
| AMBR | MARCIO BARROS RITZMANN | RUA DOM PERO SARDINHA, 110 AP 142 | 🗀 Add |
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| Note: | ve date, if other than the date of filing: (optional) ective 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 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records. |
| If the record | d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed. |
| Dated_ | MAY 22 2023 |
| | Multi- |
| | Signature of a member or authorized representative of a member |

Filing Fee: \$25.00