## 123000.237026

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## **COVER LETTER**

DIVISION OF COL	Division of Corporations			
SUBJECT: R	Name of Lim	n Digital UC ited Liability Company		
		c		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing,		
Please return all correspo	ondence concerning this matter	to the following:		
	Angela [	Name of Person		
	<del></del>	Name of Person	<del>. ,</del>	
		Firm/Company		
	7 Avenue	De La Mer L Address	4nit 105	
		FL 32137 City/State and Zip Code		
	ruttidodson E-mail address: (1	ndigital @ Smail to be used for future annual report notif	· Co imication)	
For further information c	oncerning this matter, please ca	all:		
Angela D.	od son f Person	at (941) 822 Area Code Daytime	- 9237 Telephone Number	
Enclosed is a check for the	ne 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)	

TO:

**Registration Section** 

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

Ruth & Dodson	Digital LLC Liability Company as it now appears	2023 1:3 22 P; 5: 27	
The Articles of Organization for this Limited Liab Florida document number <u>L23000</u> 23	ility Company were filed on	5/13 / 202-3 and assigned	
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of th	e limited liability company her	<u>e</u> :	
The new name must be distinguishable and contain the word		signation "LLC" or the abbreviation "L.L.C."	-
Enter new principal offices address, if applicabl	e:		-
(Principal office address MUST BE A STREET A	ADDRESS)		-
			•
Enter new mailing address, if applicable:	·	<del> </del>	-
(Mailing address MAY BE A POST OFFICE BO	<u></u>		-
		···	-
B. If amending the registered agent and/or regingent and/or the new registered office address h		cords, enter the name of the new registe	rec
Name of New Registered Agent:			-
New Registered Office Address:			-
	Enter Florid	la street address	
_		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>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Angela Dodson	7 Avenue De La Mer Unit 105	<b>.</b> Àdd
		Palm Coast, FL. 32137	□Remove
			□Change
			□Remove
			]Change
<del></del>			□ Add
			Петюче
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			ПRетюче
			□Change

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(If an effect Note: If	e date, if other than the date of filing:
ne record sord is filed	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
Dated _	May 16, 2023.
	Knows
	Signature of a member or authorized representative of a member
	Kathryn Ruth Typed or printed name of signee
	Kathan Kuth