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COVER LETTER

Registration Section Division of Corporations

TO:

LUIGIDIG SUBJECT:	ITAL LLC		
SUBJECT:	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:	
	ANTONIO J PARRA RAI	NGEL.	
		Name of Person	
	LUIGIDIGETAL LLC		
		Firm/Company	
	5252 NW 85TH AVE API	ľ 1107	
		Address	
	DORAL, FL 33166		
		City/State and Zip Code	<u> </u>
	USTUEMPRESA@GMAII	COM	
	E-mail address: (to be used for future annual report notific	ration)
For further information c	concerning this matter, please c	all:	
ANTONIO J PARRA RANGEL		786 340-0372	
Name of Person		at () Area Code Daytime	Telephone Number
Enclosed 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 Address Registration Division of C P.O. Box 632 Tallahassee.	Section Forporations 27	Street Address: Registration Sect Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL 3	orations llahassee Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

LUIGIDIGITAL LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited I	iability Company	were filed on 06/13/2023	TALLAHASSEFESSEREDA	
Florida document number 1.23000287044				
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liab	ility company here:		
NA				
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "	LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		NA		
(Principal office address MUST BE A STRE	ET ADDRESS)			
Enter new mailing address, if applicable:		NA		
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or agent and/or the new registered office address.	registered office	address on our records, <u>er</u>	iter the name of the new register	
Name of New Registered Agent:	NA			
New Registered Office Address:	NA			
· · · · · · · · · · · · · · · · · · ·	Enter Florida street address			
	NA		, Florida NA Zip Code	
		City	Zip Code	
New Registered Agent's Signature, if changing	Registered Agent:	L		
I hereby accept the appointment as register provisions of all statutes relative to the pro-	per and complete	performance of my duties	s, and I am familiar with and	

Thereby 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 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	ANTONIO J PARRA RANGEL	5252 NW 85TH AVE APT 1107	
		DORAL, FL 33166	■Remove
			□Change
AMBR	LUIS UZCATEGUI	5252 NW 85TH AVE APT 1107	■Add
		DORAL, FL 33166	□ Remove
			□ Change
NA	NA	NA	□Add
			□Remove
			□Change
NA	NA	NA	□Add
			□Remove
			Change
NA	NA	NA	□Add
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Effective date, if other than the f an effective date is listed, the date mu Note: If the date inserted in this b document's effective date on the E	lock does not meet the	applicable statut	ling or more than 90 ory filing requirem	(optional) days after filing. ents, this date) Pursuant will not 1	to 60 be lis
document's effective date on the E	repartment of State 31	ccords.				
e record specifies a delayed effectively is filed.	e date, but not an effe	ctive time, at 12:	l a.m. on the earl	ier of: (b) Th	e 90th da	ıy aft
Dated JULY 15TH	2023	•				
	Signature of a member	Intonio Pa	rra			

Filing Fee: \$25.00

(3)(b the