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COVER LETTER

TO: Registration Section

Division of Cor	porations		
LUIGIDIG	ITAL LLC		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JHON GUALDRON		
		Name of Person	
	LUIGIDIGITAL LLC		
		Firm/Company	
	1648 HAVERHILL RD		
		Address	
	WEST PALM BEACH, F.	. 33415	
		City/State and Zip Code	~
	USTUEMPRESA@GMAII	COM to be used for future annual report notification)	7671621
For further information c	oncerning this matter, please c		
JHON GUALDRON		305 5606166 at ()	
Name o	f Person	Area Code Daytime Telephone	Number 5
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy C (additional copy is enclosed) C	0.00 Filing Fee, ertificate of Status & ertified Copy dditional copy is enclosed)
Mailing Addres Registration S		Street Address: Registration Section	
Division of C	orporations	Division of Corporations	
P.O. Box 632 Tallahassee, 1		The Centre of Tallahassee 2415 N. Monroe Street, S	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF.

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(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 Liability Company were filed on $\frac{06/13/2023}{}$ and assigned Florida document number $\underline{L23000287044}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: NA The new name must be distinguishable and contain the words "Limited Liability Company," the designation "ELC" or the abbreviation "L.L.C." NAEnter new principal offices address, if applicable: NA(Principal office address MUST BE A STREET ADDRESS) NANA Enter new mailing address, if applicable: NA (Mailing address MAY BE A POST OFFICE BOX) $N\Lambda$ B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: EDYMAR MOLINA Name of New Registered Agent: 121 N DIXIE HWY New Registered Office Address: Enter Florida street address ____, Florida 33009 Zap 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.

HALLANDALE BEACH

City

Edymar Molina
If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	JHON GUALDRON	164S HAVERHILL RD	□Add
		WEST PALM BEACH, FL 33415	■Remove
			□Change
MGR	EDYMAR MOLINA	121 N DIXIE HWY	= Add
		HALLANDALE BEACH, FL 33009	□Remove
			□Change
NA	NA	NA	□ Add
			□ Remove □ □ Charige
NA	NA	NA	
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effective date is listed, the date must be specific and cannot be p				
iment's effective date on the Department of State's reco				
ord specifies a delayed effective date, but not an effecti- filed.	ve time, at 12:01 a	.m. on the earlier o	of: (b) The 9	0th day after th
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Signature of a member or p	Qualdron			
Signature of a prember or	Anthorized representa	tive of a member		
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