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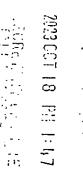
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Ventures, LLC					
NI CIT					
Name of Lim	ited Liability Company		-		
mendment and fee(s) are sub	mitted for filing.				
dence concerning this matter	to the following:				
Paul DeAntonio					
	Name of Person	_ 	_		
PDA Digital Ventures, LL	С				
	Firm/Company		_		
4250 A1A Unit M-25					
	Address		_		
St. Augustine, FL 32080					
	City/State and Zip Code			130	**************************************
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Person	at ()	elephone Numb	<u> </u>	7	
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GG ADDRESS: ion Section of Corporations 6327	Registration Section Division of Corporation Clifton Building	ons			
	Paul DeAntonio PDA Digital Ventures, LL 4250 A1A Unit M-25 St. Augustine, FL 32080 paul.deantonio@gmail.com E-mail address: (carring this matter, please carring this matter, please carring this matter) Certificate of Status GG ADDRESS: ion Section of Corporations	PDA Digital Ventures, LLC Firm/Company	Paul DeAntonio Name of Person PDA Digital Ventures, LLC Firm/Company 4250 A1A Unit M-25 Address St. Augustine, FL 32080 City/State and Zip Code paul.deantonio@gmail.com E-mail address: (to be used for future annual report notification) Incerning this matter, please call: Person at (4) Area Code Daytime Telephone Numb Certificate of Status Certified Copy (additional copy is enclosed) City/State and Zip Code paul.deantonio@gmail.com E-mail address: (to be used for future annual report notification) Certified Code Certificate of Status Certified Copy (additional copy is enclosed) Certificate of Status Certified Copy (additional copy is enclosed) City/State and Zip Code Daytime Telephone Numb Stop Certified Copy (additional copy is enclosed) Certificate of Status Certified Copy (additional copy is enclosed) City/State and Zip Code Daytime Telephone Numb Stop Certified Copy (additional copy is enclosed) Certificate of Status Certified Copy (additional copy is enclosed) City/State and Zip Code	Paul DeAntonio Name of Person PDA Digital Ventures, LLC Firm/Company 4250 A1A Unit M-25 Address St. Augustine, FL 32080 City/State and Zip Code paul.deantonio@gmail.com E-mail address; (to be used for future annual report notification) person The part of Person B-mail address; (to be used for future annual report notification) person The part of Person The part of Person Area Code Daytime Telephone Number Person The part of Status The part of	Paul DeAntonio Paul DeAntonio

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PDA Digital Ventures, LLC					
(Name of the Lim	ited Liability Compa (A Florida Limited I	ny as it now appears on liability Company)	our records.)		
The Articles of Organization for this Limited L Florida document number L23000414176	Liability Company	were filed on $\frac{09/05/}{}$	2023	an	d assigned
This amendment is submitted to amend the following	lowing:				
A. If amending name, enter the new name of	of the limited liab	ility company here:			
The second of th				11 11	
The new name must be distinguishable and contain the words "Limited Liabi Enter new principal offices address, if applicable:		4250 ATA Unit M-			
Principal office address MUST BE A STREE	ET ADDRESS)				
Enter new mailing address, if applicable:		4250 A1A Unit M-2	25, St. Augustine	: FIS32080	3
Mailing address MAY BE A POST OFFICE	BOX)				
B. If amending the registered agent and	l/or registered of	Tice address on ou	r recards en	A Service m	
registered agent and/or the new registered o	ffice address here	g:	. records, <u>en</u>	[]KS -	ا المارية الم
Name of New Registered Agent:	-				
New Registered Office Address:	4250 ATA Unit				
		Enter Florida :	street address		
	St. Augustine		, Florida	32080	
		City		Zip C	iode

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 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>	<u>Name</u>	Address	Type of Action
AMBR	PAUL DEANTONIO	4250 A1A Unit M-25	
		St. Augustine, FL 32080	Remove
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			□ Remove
			☐ Change
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Note: If the date i	listed, the date must be inserted in this block ive date on the Depa	e does not m	eet the applica	to date of filing on the statutory fi	or more than 90 da iling requireme	iys after tiling.) I nts, this date w	Pursuant to 60 iii not be li:	05.0201 sted as
	ifies a delayed e	ffective da d is filed.	ate, but no	t an effectiv	e time, at 17	2:01 a.m. o	n the ear	lier o
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Filing Fee: \$25.00