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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:

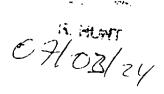
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Lucca Frieri 48 Shorehaven Rd Norwalk, CT 06855 lucca@frieridigital.com 203-450-2915 June 27th, 2024

Florida Department of State

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Subject: Articles of Amendment for Volar Kite, LLC

To Whom It May Concern,

I am writing to submit the enclosed Articles of Amendment for Volar Kite, LLC, a Limited Liability Company registered in the State of Florida. The purpose of this amendment is to change the name of the LLC to Frieri Digital, LLC, L23000553403.

Please find the completed and signed Articles of Amendment form enclosed. I have ensured that all the necessary information is provided accurately. I kindly request that you process this amendment at your earliest convenience.

Should you require any additional information or documentation, please do not hesitate to contact me at 203-450-2915 or via email at lucca@frieridigital.com.

Thank you for your prompt attention to this matter.

Sincerely,

Lucca Frieri Owner & Operator Volar Kite, LLC

COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT:	LLC INFO VOLAR KITE, LL Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Lucca Frieri			
		Name of Person		
	Frieri Digital		~1	
		Firm/Company	<u>್</u>	
	48 Shorehaven Rd			
		Address	ان الناق الأولى الناق	
	Norwalk, CT 06855		-3 AM 7:58	
		City/State and Zip Code		
	Lucca@frieridigital.com		• •	
	E-mail address: (to be used for future annual report not	ification)	
For further information c	oncerning this matter, please co	all:		
Lucca Frieri		203 4502915 at ()		
Name o	l'Person	Area Code Daytin	ne 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)	
Mailing Addres Registration S Division of C	Section Corporations	Street Address: Registration Sc Division of Co	rporations	
P.O. Box 632 Tallahassee, l		The Centre of 2415 N. Monro	Fallahassee be Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on a Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability (Florida document number 1.23000553403	Company were filed on DECES	MBER 15TH 2023 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company here:		
FRIERI DIGITAL. LLC			
The new name must be distinguishable and contain the words "Lit	nited Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	7910 HARBOR ISI.	AND DR	
Principal office address MUST BE A STREET ADD	RESS) APT 603B	~~~	
Timepu office udare Meet 22 112 112	NORTH BAY VIL	LAGE, FL 33141	
Enter new mailing address, if applicable:	48 SHOREHAVEN		
(Mailing address MAY BE A POST OFFICE BOX)	NORWALK, CT 06		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our recoi	rds, <u>enter the name of the new regist</u>	
Name of New Registered Agent: LUC	CCA FRIERI		
New Registered Office Address: 7910	HARBOR ISLAND DR APT 60	93 B	
THE REGISTER STREET, THE PARTY OF THE PARTY	Enter Florida street address		
МОК	RTH BAY VILLAGE	, Florida 33141	
	City	Zip Code	

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.

Aunh

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
			□Add
			Remove
			Change
			□Add
			Remove
			☐ Change
			Remove
			Fig. Change
		🗆 Add	
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ective date, if other than the date of filing:	(optional	1)
effective date is listed, the date must be specific and cannot be prior to date of the date inserted in this block does not meet the applicable sta	of filing or more than 90 days after filin	g.) Pursuant to 605.020
ument's effective date on the Department of State's records.		
cord specifies a delayed effective date, but not an effective time, at 1	2:01 a.m. on the earlier of: (b)	he 90th day after th
s filed.		
ed		
Lucoa Liveri		
LUCAD LINE	presentative of a member	

Typed or printed name of signee