La40000014438

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COVER LETTER

TO: Registration Se Division of Cor			
IDEA DIG	IT 2626 LLC		
SUBJECT:		nited Liability Company	
	Name of Lin	nteo Clastitty 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:	
	GIOVANNI NOCERINO		
		Name of Person	
	IDEA DIGIT 2626 LLC		
		Firm/Company	
	66 W FLAGLER ST, STE	.900	
		Address	
	MIAMI, FL 33130		
	GIONOCERBERTIN@GN	City/State and Zip Code IAIL.COM	
	E-mail address; (to be used for future annual report no	nitication)
For further information c	concerning this matter, please c	all:	
GIOVANNI NOCERINO	0	407 600-0095	
Name o	of Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for the	he following amount:		
\$\$25.00 Filing Fee	□ \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee.
N 323.00 Tilling rec	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u> Registration S		<u>Street Address:</u> Registration Se	ection
Division of C	Corporations	Division of Co	orporations
P.O. Box 632	27	The Centre of	Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IDEA DIGIT 2626 LLC				
(Name of the Limi	ted Liability Compa (A Florida Limited)	iny as it now appears on o Liability Company)	ur records.)	
The Articles of Organization for this Limited L. Florida document number 1.24000024438	iability Company	were filed on	24 and assigned	
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name o	f the limited liab	ility company here:		
he new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the designat	ion "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		66 W FLAGLER ST, STE 900		
Principal office address MUST BE A STREET ADDRESS)		MIAMI, FL 33130		
		 		
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX)</u>		66 W FLAGLER ST.	STE 900	
		MIAMI, FL 33130		
3. If amending the registered agent and/or ingent and/or the new registered office addre		address on our record	s, enter the name of the new regist	
Name of New Registered Agent:	GIOVANNI NOCERINO			
New Registered Office Address:	66 W FLAGLE	ER ST, STE 900		
		Enter Florida stro		
	MIAMI		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 Chang to 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>	Address	Type of Action
			□Add
			⊡Remove
			□ Change
			□Add
			□Remove
			□Change
			□ Add
			Remove
			□ Change
			∐Add
			□Remove
			□Change
			□Add
		.	□Remove
			□Change
			□Add
			□Remove
			□Change

						
						
						
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an effective date is ote: If the date		specific and cannot be does not meet the	e prior to date of filing applicable statutory	or more than 90 days af	stional) ter filing.) Pursuant to 605.0 his date will not be liste	
					(b) The 90th day after	the
		.,				
	-72-2021 /		<u> </u>			
l is filed. PatedQ5 ·	-72-2020 Giove	navore of a prember of	Sum or authorized represent	ative of a member		