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PICK-UP		MAIL		
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Special Instructions to Filing Officer:				
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COVER LETTER

TO: **Registration Section Division of Corporations**

BYTE U.S. DIGITAL, LLC SUBJECT:

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

KATHLEEN DALLAS

Name of Person

BYTE U.S. DIGITAL, LLC

Finn/Company

98 SE 7TH ST

Address

DEERFIELD BEACH FL 33441

City/State and Zip Code

ACCOUNTING@EVENTDECORDIRECT.COM

E-mail address: (to be used for future annual report notification)

561

For further information concerning this matter, please call:

ANDREW WALKER

Name of Person

at (Area Code

Daytime Telephone Number

223-7699

Enclosed is a check for the following amount:

🔳 \$25.00 Filing Fee

□ \$30.00 Filing Fee & Certificate of Status

□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address: **Registration Section Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Street Address: **Registration Section Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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

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<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR JAMES LESTER	JAMES LESTER	491 HIGH ST	□Add
		BOCA RATON FL 33441	
		<u></u>	🗇 Change
			🗆 Add
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