LA4000099773

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Divi	ision of Cor	porations		
SUBJECT:	VORTEX I	DIGITAL, LLC.		
GODINET.		Name of Lin	nited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	omitted for filing.	
		ndence concerning this matter	C	
	·	•	g.	
		MOUSTAFA ISMAIL		
			Name of Person	
			Firm/Company	
		6370 COLONIAL GRAND DR. 102		
			Address	
		TAMPA, FL. 33647		
			City/State and Zip Code	
		BASSAMJ2007@YAHOO	.COM to be used for future annual report no	(ification)
For further inf	formation co	oncerning this matter, please c	•	meatony
MALEK ABI	DELAZIZ		813 390-7631	
	Name of	Person		ne Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 Fi	ling 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)
	ing Address		Street Address: Registration Se	petion
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O.	Box 6327	7	The Centre of	-

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VORTEX DIGITAL LLC.	5 11:105 6		
(<u>sname of the Lin</u>	(A Florida Limited Liabili	it now appears on our records. ty Company)	.)
The Articles of Organization for this Limited Florida document number L24000099773	Liability Company were	filed on 02/26/2024	and assigned
This amendment is submitted to amend the fo			
A. If amending name, enter the new name	of the limited liability c	ompany here:	
The new name must be distinguishable and contain the	words "Limited Liability Co	mpany," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:		
Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE			
3. If amending the registered agent and/or gent and/or the new registered office addre	registered office addre	ss on our records, <u>enter th</u>	ne name of the new regis
Name of New Registered Agent:	BASSAM ALSALEH		
New Registered Office Address:	4815 E. BUSCH BLV	TD #213	
		Enter Florida street address	·
	ТАМРА	, Flor	ida <u>33617</u>
	C	ity	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.

11 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>	Name	<u>Address</u>	Type of Action
MGR	MOUSTAFA ISMAIL	6370 COLONIAL GRAND DR. 102	= Add
		TAMPA, FL. 33647	□Remove
			□Change
			□Add
			Remove
			□ Change
			□ Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			CIAdd
			□Remove
			□Change
			DAdd
			□Remove
			□Change

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	han the date of filir	04/01/2024 ng:		(optional)	
fective date, if other t	J	nd cannot be prior to c	late of filing or more than	90 days after filing.) Purs	uant to 605.020
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fective date, if other to an effective date is listed, the ote: If the date inserted in ocument's effective date	n this block does not	meet the applicable	e statutory filing requ	irements, this date will f	iot be listed a
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