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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Digital Shores LLC
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:
Casey Maguire Name of Person
Firm/Company
• •
8900 Tiberian drive #204
Addicss
Kissimmee, FL, 34747
City/State and Zip Code  (asey Magy int 97 @ Sma, 1. Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Casey Maguire at (407) 280-9882  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  \$60.00 Filing Fee, 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Digital Shores	((	
Digital Shares Name of the Limited Liability (A Florida	ty Company as it now appears on Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability C Florida document number <u>しみそののほり</u> !		r 27, 2024 and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited</u> (M) Digital, Service	ies LLC	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		24 DEC -2 PH 5
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our recor	ds, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida s	treet address
		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.

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fective date, if other than in effective date is listed, the date of the lift the date inserted in this cument's effective date on the	must be specific and can s block does not meet	the applicable stat	Tiling or more than 90 utory filing requirem	(optional) days after filing.) Pursuant tents, this date will not be	o 605,0207 e listed as t
ecord specifies a delayed effe is filed.	ctive date, but not an	effective time, at 1	2:01 a.m. on the earl	ier of: (b) The 90th day	after the
nted 8 10/16/24					
		2			
	Signature of a mem	iber or authorized ren	resentative of a member	er	_