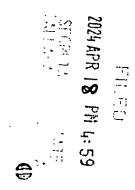


Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations				
Digital Ele	vation LLC		•	
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Sally VanDereedt			
		Name of Person		
	Digital Elevation LLC			
		Firm/Company		
	731 NW Leonardo Cir			
		Address		
	Port Saint Lucie FL 34986			
		City/State and Zip Code		
	digitalelevation@icloud.cor	n to be used for future annual report not	itication)	
For further information c	concerning this matter, please ca	·		
Sally VanDereedt		203 206-4447		
Name o	rf Person	Area Code Daytin	ie Telephone Number	
Enclosed is a check for the	he 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		Street Address:	ection	
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Digital Elevation LLC			
(<u>Name of the Limited Liability Company</u> (A Florida Limited Lia	e as it now appears on our recor ability Company)	<u>'ds.</u>)	
the Articles of Organization for this Limited Liability Company w	vere filed on 4/8/2024		_ and assigned
lorida document number L24000164839			
his amendment is submitted to amend the following:			
If amending name, enter the new name of the limited liabili	ity company here:		
he new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LL	C" or the abbre	viation "L.L.C."
nter new principal offices address, if applicable:		<u> </u>	2024
Principal office address MUST BE A STREET ADDRESS)	1		<u> </u>
		27.4	70 77
nter new mailing address, if applicable:		٠	
Mailing address MAY BE A POST OFFICE BOX)			÷: 59
		177	
. If amending the registered agent and/or registered office ad gent and/or the new registered office address here:	dress on our records, <u>ente</u>	r the name o	f the new regi
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street addre	PSS	
New Registered Office Address:		lorida	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.

If Changing 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

Title	Name	Address	Type of Action
MGR	Sally VanDereedt	731 NW Leonardo Cir	Add
		Port St. Lucie FL 34986	□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Add
			□Remove
			□Change
			□Add
			□Remove
			ClChango

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: ________ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated April 12 2024 Signature of a member or authorized representative of a member Sally VanDereedt Typed or printed name of signee

Filing Fee: \$25.00