L24000213812

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

Registration Section

Tallahassee, FL 32314

TO:

Division of Cor	porations		
SUBJECT: MAP	D J CRITAL Name of Lim	ited Liability Company	<u>l.C</u>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	endence concerning this matter	to the following:	
	KEN	Name of Person	<u> </u>
		Firm/Company	
	441 PF	ATTERSON AU	E
	OSPREY,	EL 34229 City/State and Zip Code O 24 @ CMAJL. to be used for future annual report noti	
	WETTER 20 E-hail address: (DZU W CMAJL.	OM fication)
For further information c	oncerning this matter, please ca	all:	
RENNET Name o	H WETTER fPerson	at (<u>941</u>) <u>402</u> Area Code Daytim	- 3560 e Telephone Number
Enclosed is a check for the	ne following amount:		
₹25,00 Filing 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)
Mailing Address Registration S Division of C	Section	Street Address: Registration Sec Division of Cor	
P.O. Box 632	•	The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAA DIWITAL WOR (Name of the Limited Liability Compa) (A Florida Limited I.		<u>.</u>
The Articles of Organization for this Limited Liability Company		
Florida document number <u>L2400021381</u> 2.		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liabi</u>	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	·	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	-
	•	orida
	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 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>	<u>Name</u>	Address	Type of Action
MGR	DIAMOND COMUTER CAFE	30 N GOOLD ST STE SHERTDAN, WY 828	<u> R</u> □Add
	Corror Chip	SHERTDAN, WY 828	707 □Remove
			CHange
			
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ective date if other th	nan the date of filing:		(a)	ptional)	-
effective date is listed, the e: If the date inserted in	date must be specific and cam n this block does not meet on the Department of State	not be prior to date of fi the applicable statut	ling or more than 90 days a	ther filing.) Pursuant to 6	05,020 isted a
cord specifies a delayed filed.	effective date, but not an e	offective time, at 12:0	01 a.m. on the earlier of	: (b) The 90th day at	fter the
:d_ <u>US11612</u>	024.				
•	Signature of a memi	off 8			
	Signature of a mem	ber or authorized repre	sentative of a member		
	HE NNET)				