MAAQ00004190

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
(Oity/Otate/Zip/Fitione #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Business Endry Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer				
.c				
J. HORNE JUL 29 2024				
\mathcal{P}_{2}				

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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088 If there are any issues please contact Patrice at 850-202-9071

Date: 07/26/	/2024	
Name: Pa	atrice Rush	
Reference #:	2144669	
Entity Name:		O DIGITAL, LLC
_	orporation/Authorization	on to Transact Business
Amendment		
Change of Ag	jent	
Reinstatemen	nt	
Conversion		
☐ Merger		
✓ Dissolution/W	/ithdrawal	
Fictitious Nam	ne	
Other		
Authorized Amount:_	\$25.00	
Signature:	Presoll	

F: 800.944.6607



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088 If there are any issues please contact Patrice at 850-202-9071

Date: 07/	/26/2024	
Name:	Patrice Rush	 -
Reference #:	2144669	
Entity Name:	HOODO	OO DIGITAL, LLC
Articles of	f Incorporation/Authorization	on to Transact Business
Amendme	ent	
Change o	f Agent	
Reinstate	ment	
Conversion	on	
Merger		
Dissolutio	n/Withdrawal	
Fictitious	Name	
Other	-	
Authorized Amou	ınt: \$25.00	
Signature:	(Partille	

F: +852.2682.9790

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

HOODOO DIGITAL, LLC	
(Name of limited liability company)	
Utah	2
(Jurisdiction of its organization)	E.J.
03/30/2022	<u>'</u>
(Date registered with Florida Department of State)	4.0
M22000004790	
(Florida Document Number)	
This limited liability company is withdrawing its certificate of authority in this Effective Date. if other than the date of filing: [If an effective date is listed, the date must be specific and cannot be prior to day more than 90 days after filing.) [Note: If the date inserted in this block does not meet the applicable statutory fithis date will not be listed as the document's effective date on the Department of the Department of Signature of authorized representative)	(optional) ate of filing or ling requirements.
Thomas D. Scholtes	
(Typed or printed name of signee)	

Filing Fee: \$25.00