Florida Depart

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000259326 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 Phone

: (855)498-5500

Fax Number

: (800)432-3622

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	 	 		

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JT DIGITAL MEDIA, LLC

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Certificate of Status 0 Certified Copy Page Count 06 \$55.00 Estimated Charge

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COVER LETTER

	stration Section sion of Corporations		
SUBJECT:	JT DIGITAL MEDIA, LLC		
	Name of Foreig	m Limited Liab	ility Company
Dear Sir or N	Madam:		
The enclosed	d application, certificate and fee(s)	are submitted	for filing.
Please return	all correspondence concerning th	is matter to the	following:
Caitlyn Knuds	son		
	Name of Person		
Koenig, Oelsr	ner, Taylor, Schoenfeld & Gaddis PC		
	Firm/Company		•
999 18th Street	et, Suite 1740		
	Address		-
Denver, CO 8	0202		
	City/State and Zip Cod	e	-
cknudson@ka	ofirm.com		
E-mail ad	dress: (to be used for future annual	report notifica	tion)
For further in	nformation concerning this matter,	please call:	
Caitlyn Knuds	nos	303 at (672-0115
-	Name of Person	Area Code	& Daytime Telephone Number
Regi Divi P.O.	ing Address: istration Section sion of Corporations Box 6327 ahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Encl □\$25 Filing CR2E055 (9/15	Certificate of Status	amount: ☐ \$55 Filing Certified C	

DocuSign Envelope ID: 48D73F64-D4B8-43D9-B7C4-C1A42F56968C

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears	s on the records of the Florida Departme	ent of
State:ST DIGITAL MEDIA, LLC		
Enter new principal office address, if applicable:		
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
2. The Florida document number of this limited lial	bility company is: M22000006304	2023 JUL
3. Jurisdiction of its organization: CO		
4. Date authorized to do business in Florida: 04/1	2/2022	
SECTION Π (5-9 complete only the applicable of	changes)	
5. New name of the limited liability company: Ge (must	eekPack, LLC contain "Limited Liability Company, "	ニー
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or man must contain "Limited Liability Company," "L.L.C	for the purpose of transacting business aging members adopting the alternate n	in Florida and attach a
6. If amending the registered agent and/or registere registered agent and/or the new registered office ad	ed officer address on our records, enter the didress here:	he name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida Street /	4.11
	City , Flo	rida Zip Code
New Registered Agent's Signature, if changing Registered agent the appointment as registered agent the provisions of all statutes relative to the proper and accept the obligations of my position as registed document is being filed to merely reflect a change the liability company has been notified in writing of the	it and agree to act in this capacity. I fur and complete performance of my duties, ered agent as provided for in Chapter 60 in the registered office address. I hereby	, and I am familiar with 05, F.S. Or, if this

If Changing Registered Agent, Signature of New Registered Agent

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change					
Title/ Capacity	Name	Address	Type of Act		
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			□A		
		·	□Ren		
			DAG		
			DAG		
aforementioned ar	ficate, if required: no more than 90 nendment(s), duly authenticated by the law of which this entity is organized to the law of which this entity is organized to the law of which the law of whi	the official having custody of records in the	□Rei		

Filing Fee: \$25.00

OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

CERTIFICATE OF DOCUMENT FILED

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office, the attached document is a true and complete copy of the

Articles of Amendment

with Document # 20231720379 of GeekPack, LLC

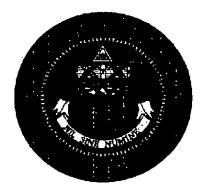
Colorado Limited Liability Company

(Entity ID # 20191502196)

consisting of 1 pages.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 07/21/2023 that have been posted, and by documents delivered to this office electronically through 07/25/2023@13:20:38.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 07/25/2023 @ 13:20:38 in accordance with applicable law. This certificate is assigned Confirmation Number 15175797



Secretary of State of the State of Colorado

Notice: A certificate issued electronically from the Colorado Secretary of State's website is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's website, https://www.coloradosos.gov/biz/CertificateSearchCriteria do entering the certificate confirmation number displayed on the certificate, and following the instructions displayed Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our website, https://www.coloradosos.gov.click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."