## P190000 67125

(Re	questor's Name)	
bA)	dress)	
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(Cit	y/State/Zip/Phone	e #)
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: DIGITAL DISPLA	YS AND DESIGN, INC.			
DOCUMENT NUM	IBER: P19000067125				
The enclosed Article	es of Amendment and fee are su	bmitted for filing.			
Please return all cor	respondence concerning this ma	tter to the following:			
	RUTH A. RYMAN				
		Name of Contact Person			
	DIGITAL DISPLAYS AND DESIGN, INC.				
	Firm/ Company				
	1971 NE 149 STREET				
		Address			
	NORTH MIAMI, FL 33181				
		City/ State and Zip Code			
	ruth.ryman@yahoo.com				
	E-mail address: (to be us	sed for future annual report	notification)		
For further informat RUTH RYMAN	ion concerning this matter, pleas		488-1837		
	e of Contact Person	at ( 786	) 100 1002 le & Daytime Telephone Number		
	for the following amount made				
□ \$35 Filing Fee	•	□\$43.75 Filing Fee &	■\$52.50 Filing Fee Certificate of Status		
Ai Di P.	ailing Address mendment Section vision of Corporations O. Box 6327 dlahassee, FL 32314	Amendi Division The Cc 2415 N	Address ment Section n of Corporations entre of Tallahassee I. Monroe Street, Suite 810 ssee, FL 32303		

## Articles of Amendment to Articles of Incorporation of

Articles of Incorporat

DIGITAL DISPLATS AND DESIGNA	NC.	700 00 00 00 00 00 00 00 00 00 00 00 00		
( <u>Name</u>	of Corporation as curren	tly filed with the Florida Dept. of State)		
P19000067125				
	(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	s Florida Profit Corporation adopts the following amendment(s) to		
A. If amending name, enter the new n	ame of the corporation:			
N/A		The new		
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association.	Corp." "Inc." or "Co".	"company," or "incorporated" or the abbreviation "Corp.," I professional corporation name must contain the word "		
B. Enter new principal office address.	if applicable:	1971 NE 149 STREET		
(Principal office address <u>MUST BE A S</u>		NORTH MIAMI, FL 33181		
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u> )		P.O BOX 600301		
		NORTH MIAMI BEACH, FL 33160		
D. If amending the registered agent a				
new registered agent and/or the ne		<u>ss:</u>		
Name of New Registered Agent	LYLE R. RYMAN			
	1971 NE 149 STREET			
	(Florida s	treet address)		
New Registered Office Address:	NORTH MIAMI	, Florida		
		(City) (Zip Code)		
Name Description of America Commencer of the	hanging Davistared Loop			
New Registered Agent's Signature, if c I hereby accept the appointment as regis		with and accept the obligations of the position.		
	$\langle Q_2 \rangle$			
سر 🗼	- T/2-			
	Sidn date of N	P. wietaval Agant if changing		
	six nating of New	Registered Agent, if changing		
Check if applicable				

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P - President; V - Vice President; T = Treasurer; S = Secretary; D - Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO - Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: <u>X</u> Change	<u>PT</u> <u>Joh</u>	n Doe			
X Remove	<u>V</u> <u>Mil</u>	Mike Jones			
_X Add	<u>SV</u> <u>Sall</u>	ly Smith			
Type of Action (Check One)	Title	Name	Address		
1) Change	Р	RUTH A. RYMAN	1201 NE 191 STREET		
Add			UNIT 207-G		
X Remove			MIAMI, FL 33179		
2) Change	<u> </u>	LYLER, RYMAN	1971 NE 149 STREET		
X Add			NORTH MIAMI, FL 33181		
Remove 3.) Change					
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
6) Change		<del></del>			
Add					
Remove					

(Attac	ending or adding th additional sheet	s, if necessary).	(Be specific)				
N/A							
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	- 12						
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F. If an	amendment prov	ides for an exch	ange, reclassific	ation, or cancel	lation of issued	shares.	
prov	visions for implen	nenting the ame	ndment if not co	<u>ntained in the a</u>	mendment itse	<u>lf:</u>	
	(if not applicable,	indicate N/A)					
N/A							
	<u>-</u>						
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The date of eac date this docume		, if other than the
Effective date <u>i</u>	if applicable:	<del></del>
	(no more than 90 days after amendment file date)	
	ite inserted in this block does not meet the applicable statutory filing requirements, the ective date on the Department of State's records.	is date will not be listed as the
Adoption of An	mendment(s) ( <u>CHECK ONE</u> )	
The amendm action was no	nent(s) was/were adopted by the incorporators, or board of directors without shareholder of required.	r action and shareholder
	nent(s) was/were adopted by the shareholders. The number of votes east for the amendr sholders was/were sufficient for approval.	ment(s)
	nent(s) was/were approved by the shareholders through voting groups. The following standardly provided for each voting group entitled to vote separately on the amendment(s):	
"The m	number of votes cast for the amendment(s) was/were sufficient for approval	
by	···	
,	(voting group)	
	06-15-2020 Dated	
	SignatureRull / Mman	
	(By a director, president of other officer – if directors or officers have not be selected, by an incorporator – if in the hands of a receiver, trustee, or other appointed fiduciary by that riduciary)	
	RUTH A. RYMAN	
	(Typed or printed name of person signing)	
	PRESIDENT	

(Title of person signing)

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