

20400007/22

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

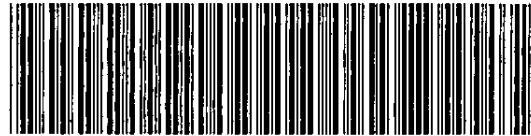
(Document Number)

Certified Copies _____ Certificates of Status _____

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A. LUNT
MAY - 3 2010
EXAMINER

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04/28/11--01026--016 **30.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 APR 28 AM 9:25

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dignitas Technologies, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Elizabeth Burch

Name of Person

Dignitas Technologies, LLC

Firm/Company

3504 Lake Lynda Drive Suite 170

Address

Orlando, FL 32817

City/State and Zip Code

admin@dignitastechnologies.com

E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Elizabeth Burch, President

Name of Person

at (407) 6017847

Area Code & Daytime Telephone Number

Enclosed is a check for the 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 Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Dignitas Technologies, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on September 27, 2004 and assigned
Florida document number L04000071122

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability 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**)

3504 Lake Lynda Drive Suite 170

Orlando FL, 32817

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

3504 Lake Lynda Drive Suite 170

Orlando FL, 32817

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

William Lowman

New Registered Office Address:

1000 Legion Place, Suite 1700

Enter Florida street address

Orlando

Florida

32802-1010

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 608, 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

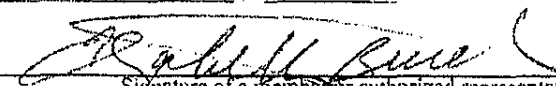
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

Title	Name	Address	Type of Action
MGRM	Elizabeth Burch, President	715 Ironwood Court Winter Springs FL 32708	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Jon Watkins, VicePresident	14258 Anastasia Lane Orlando FL 32828	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Jon Edward Watkins	14258 Anastasia Lane Orlando FL 32828	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated April 21, 2011



Signature of a member or authorized representative of a member
Elizabeth Burch

Typed or printed name of signee

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