## NO6 0000 20088

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

	Division of Corporations				
SURJEC	Digital Lea	sh LLC			
		Name of Lim	ited Liability Company		
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for tiling.		
Please ret	urn all correspo	ndence concerning this matter	to the following:		
		Maria Scrivner			
			Name of Person	<del></del>	
		Fortegra Financial			
			Firm/Company		
		10751 Deerwood Park Bly	rd. Suite 200		
			Address	·	<del></del>
		Jacksonville, FL 32256			
			City/State and Zip Code		<del></del>
		mscrivner@fortegra.com	to be used for future annual r	eport notification)	<u> </u>
For furthe	er information e	oncerning this matter, please c		•	
Maria Se			904 407	'-8625	
	Name o	f Person	at () Area Code	Daytime Teleph	one Number
Enclosed	is a check for th	ne following amount:			
■ \$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is encl		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres Registration S		<u>Street Ad</u> Registra	dress: ition Section	
1	Division of C	orporations	Divisior	of Corporation	
P.O. Box 6327			The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, Ft. 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Digital Leash LLC		
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 2/23/2006	and assigned
Florida document number LOLOCO 56088	'	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liah	ility company here:	
	mer company nerc.	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	10751 Deerwood Park Blvd	2
(Principal office address MUST BE A STREET ADDRESS)	Suite 200	020
	Jacksonville, FL 32256	DEC 71
		28 7-1-
Enter new mailing address, if applicable:	10751 Deerwood Park Blvd	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	Suite 200	<u>ω</u>
	Jacksonville, FL 32256	=
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, <u>enter the n</u>	ame of the new registe
New Registered Office Address:	Enter Florida street address	
	imer rariaa sireet aaaress	
- <del></del>	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	•	Pup C truc
As Registered Agent's Signature, it changing Registered Agent:  I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete	ee to act in this capacity. I further	

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. Thereby confirm that the limited liability

company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Change
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