# 157000124835

| (Requestor's Name)                      |
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| (Address)                               |
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| (City/State/Zip/Phone #)                |
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| PICK-UP WAIT MAIL                       |
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| (Business Entity Name)                  |
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SECRETARY OF STATE DIVISION OF CORPORATION

G. MCLEOD

FEB 0 5 2008

**EXAMINER** 

# **COVER LETTER**

| TO: • Registration Section Division of Corporations                                                                                                                                                                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SUBJECT: D.A. M HD DIGHAL CLC (Name of Limited Liability Company)                                                                                                                                                             |
| ( and of Emilia Empliny)                                                                                                                                                                                                      |
| The enclosed Articles of Amendment and fee(s) are submitted for filing.                                                                                                                                                       |
| Please return all correspondence concerning this matter to the following:                                                                                                                                                     |
| STEVEN Le, boutz                                                                                                                                                                                                              |
| (Name of Person)                                                                                                                                                                                                              |
| (Firm/Company)                                                                                                                                                                                                                |
| 3804 N 29th Ave                                                                                                                                                                                                               |
| 3804 N 29th Ave  (Address)  HOLLYWOOD FC 33020  (City/State and Zin Code)                                                                                                                                                     |
| · (City/State and Zip Code)                                                                                                                                                                                                   |
| For further information concerning this matter, please call:                                                                                                                                                                  |
| Steven Leibovitz at (954) 914 8655  (Name of Person) (Area Code & Daytime Telephone Number)                                                                                                                                   |
| (Name of Person) (Area Code & Daytime Telephone Number)                                                                                                                                                                       |
| Enclosed is a check for the following amount:                                                                                                                                                                                 |
| \$25.00 Filing Fee Certificate of Status  Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  S60.00 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

#### FILED SECRETARY OF STATE DIVISION OF CORPORATION

## ARTICLES OF AMENDMENT

## TO

# 08 FEB -4 PM 4: 06

ARTICLES OF ORGANIZATION NO PERIOD

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

Florida document number 207000124835

This amendment is submitted to amend the following:

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

D. A. M. HD DIGITAL LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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:

Steven Leibou, tz

1103 OCD GNFFIN Rd

(Enter Florida street address)

DANIA BEACH, Florida 33004

(City) (Zip Code)

New Registered Office Address:

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 <u>Title</u> <u>Name</u> **Address** Type of Action MGRM Bruno Dese ☐ Add Remove Add Add ☐ Remove Add Remove Remove \_Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated . Signature of a member or authorized representative of a member Teven Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00