

108000009042

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

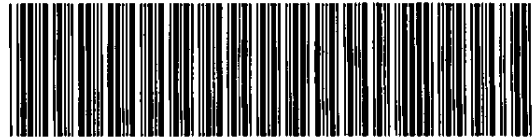
(Business Entity Name)

(Document Number)

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JANET L. HARRIS

NOV 15 2016
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DIGISCAN OF FLORIDA 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:

SHMUEL KISSIN

Name of Person

DIGISCAN OF FLORIDA LLC

Firm/Company

2150 LAKE IDA ROAD #8

Address

DELRAY BEACH, FL. 33445

City/State and Zip Code

drcastaneda75@gmail.com

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

For further information concerning this matter, please call:

SHMUEL KISSIN

561 2724110
at ()

Name of Person

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**

DIGISCAN OF FLORIDA, 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 01/23/2008 and assigned
Florida document number L08000009042.

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 contain 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)

6579 VIA REGINA

BOCA RATON, FL. 33433

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6579 VIA REGINA

BOCA RATON, FL, 33433

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:

GERMAN A. CASTANEDA

New Registered Office Address:

6579 VIA REGINA

Enter Florida street address

BOCA RATON

, Florida 33433

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 605, 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 attending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	CASTANEDA, GERMAN A.	6579 VIA REGINA	<input checked="" type="checkbox"/> Add
		BOCA RATON, FL. 33433	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	MONCADA MARIA M.	6579 VIA REGINA	<input checked="" type="checkbox"/> Add
		BOCA RATON, FL. 33433	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	KISSIN, SHMUEL	2150 LAKE IDA ROAD #8	<input type="checkbox"/> Add
		DELRAY BEACH, FL. 33445	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated NOVEMBER 05, 2016

Typed or printed name of signee

Filing Fee: \$25.00

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