## LU8000029722

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EXAMINER

SECRETARY OF STATE STATE OF STATE OF STATE OF CORPORATION SEP 23. PM 4: 55

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Digital Spectre LLC  Name of Limited Liability Company
C. Della Company
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:
James Humann Name of Person
Digital Spectre LLC Firm/Company
117 S. Hyer Ave Address
Orlando FL 32801 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
at (
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee \$ Certificate of Status \$55.00 Filing Fee \$ Certificate of Status \$ Certified Copy (additional copy is enclosed) \$ Certified Copy (additional copy is enclosed)

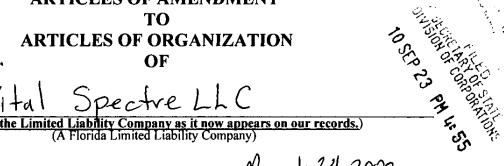
MAILING ADDRESS:

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



The Articles of Organization for this Limited Liability Company were filed on March 24, 2008 and assigned Florida document number <u>L08000029722</u>.

This amendment is submitted to amend the following:

A.	If amending	name,	enter	the	new	name	of th	ie limite	d liabilit	y compan	y here:

The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Company,	"the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	Management of the second of th	
(Principal office address MUST BE A STREET ADDRES	<u> </u>	
Enter new mailing address, if applicable:	<del></del>	
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>	
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter	Florida street address
		, Florida
<del> </del>	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.

<u>litle</u> 1 <u>6</u> R	Name Charles Passmore	Address	Type of Action
16R	Charles Passmore		
		4901 Morena Blvd, Bldg 600 San Diego CA 92117	Add Remove
			Add Remove
<del></del>			Add Remove
			Add Remove
			Add Remove
			Add Remove
. If amendin	ng any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	_
			_
	Sept 10   ,		
-		or authorized representative of a member  Humann or printed name of signee	

. If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager

Page 2 of 2

Filing Fee: \$25.00