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M. THOMAS

OCT 2 8 2008

EXAMINER

COVER LETTER

	istration Section sion of Corporatio	ons			
SUBJECT:	Digi	MEDIA DESI	GNERS LLC ited Liability Company)		
	J	(Name of Lim	ited Liability Company)		
The enclosed	Articles of Amend	ment and fee(s) are sub	omitted for filing.		
Please return	all correspondence	concerning this matter	to the following:		
		ŧ	(Name of Person)		
		Digi	(Firm/Company)	LLC.	
		2820 0	(Address)		
		WEST PA	(Address) (Address) M BEACH A. (City/State and Zip Code)	33409	
		·	(City/State and Zip Code)		
For further in	formation concerni	ng this matter, please o	all:		
ERIC	BE ANHARIST	-	at (561) 683 - (Area Code & Daytim	<i>3630</i>	
	(Name of Person	1)	(Area Code & Daytin	ne Telephone Number)	
Enclosed is a	check for the follo	wing amount:			
\$25.00 Fi	ling Fee □\$3	0.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed	(additional copy is enclosed)	
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	on arations STATE TO	j	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DigimEDIA DESigners LL	
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)
The Articles of Organization for this Limited Liability Company w Florida document numberLO & 0000 30327	ere filed on $3/25/08$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ty company here:
The new name must be distinguishable and end with the words "Limited "L.L.C."	Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	2820 OKeechobee BLUA.
(Principal office address MUST BE A STREET ADDRESS)	2820 OKEEChobee BLUA. WEST PACM BEACH FL 33409
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	e address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	(Enter Florida street address)
	, Florida OS
	(City) (Zip Gade) —

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 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 **Type of Action** Title Name Address JESSICA L. DELGADO PO BOY 222102 MGR Add Remove 🗂 Add Remove ☐ Add Remove Add Remove 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 ERIC BERNHARST Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00