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PAGE 01/04
Page 1 of 1

Division of Corporations

L080000035727

Florida Department of State
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : J.E. OYARCE & ASSOCIATES
Account Number : I19990000186
Phone : (305) 324-2248
Fax Number : (305) 324-4959

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WPS INTERACTIVE, LLC

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J. BRYAN

JUN 17 2008

EXAMINER

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TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: WPS INTERACTIVE, 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:

JORGE E OYARCE

(Name of Person)

JE OYARCE & ASSOCIATES

(Firm/Company)

199 SW 12TH AVENUE, SUITE 11

(Address)

MIAMI, FL 33130

(City/State and Zip Code)

For further information concerning this matter, please call:

JORGE E OYARCE

(Name of Person)

at (305) 324-2248

(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 &
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(additional copy is enclosed)

☐ \$60.00 Filing Fee,
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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

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

WPS INTERACTIVE, LLC

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

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The Articles of Organization for this Limited Liability Company were filed on 04/08/08 and assigned Florida document number L08000035727

This amendment is submitted to amend the following:

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

WPS 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."

Enter new principal offices address, if applicable:

2655 COLLINS AVENUE

(Principal office address MUST BE A STREET ADDRESS)

SUITE 907

MIAMI BEACH, FL 33140

Enter new mailing address, if applicable:

2655 COLLINS AVENUE

(Mailing address MAY BE A POST OFFICE BOX)

SUITE 907

MIAMI BEACH, FL 33140

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:

New Registered Office Address:

(Enter Florida street address)

Florida

(Civ)

(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.

(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>	<u>Address</u>	<u>Type of Action</u>
MGRM	CARMEN MELISA LOPEZ	2655 COLLINS AVENUE	<input type="checkbox"/> Add
		APT. #907	<input type="checkbox"/> Remove
		MIAMI BEACH, FL 33140	
MGRM	SANTIAGO FRANCISCO BANDA	LOS ALELIES #335/Los Alamos	<input checked="" type="checkbox"/> Add
		QUITO, ECUADOR	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated JUNE 16, 2008


Signature of a member or authorized representative of a member

X CARMEN MELISA LOPEZ

Typed or printed name of signee

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