

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H08000198439 3)))



H080001984383ABC9

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page: Doing:so will generate another cover sheet. To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : ARIAS TOVAR & ASSOCIATES, P.A. Account Number: I20000000125 : (954)385-2284

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

: (954)385-8864

DIGITO, LLC.

Certificate of Status	0
Certified Copy	0.
Page Count	03
Estimated Charge	\$25.00

D. BRUCE

AUG 2 2 2008

EXAMINER

Electronic Filing Menu

Fax Number

Corporate Filing Menu

. Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DIGITO, LLC.				
(Name of the Limited Liab) (A Flori	lity Company as it now appears on o la Limited Liability Company)	ur records.)		
The Articles of Organization for this Limited Liability		and assigned		
Florida document number LO8000476				
This amendment is submitted to amend the following	· :			
A. If amending name, enter the new name of the l	mited liability company here:			
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company," th			
Enter new principal offices address, if applicable:		AHA. 2		
(Principal office address MUST BE A STREET AD	ORESS)	S		
•	•	LORN H. L.		
Enter new mailing address, if applicable:		7: L C		
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or represented agent and/or the new registered office a		cords, enter the name of the new		
Name of New Registered Agent:				
New Registered Office Address:				
	(Enter Fl	(Enter Florida street address), Florida		
	(City)	(Zip Coda)		

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>	Name	Address	Type of Action
MGRM	FRANCISCO J. MEDINA	8480 SW 150 AVE UNIT #103 MIAMI, FL 33193	Add Remove
· <u>-</u>			Add Remove
			Add Remove
			Add
			Add Remove
			Add Remove
D. If amendi	ing any other information, enter ch	ange(s) here: (Attach additional sheets, if nece	<u></u>
			OR AUG 21
Dated AUGUS	ST 14	08	AM 7: LO
_	Antonio Lib	votelli	
•	Signature of a men	nber or authorized representative of a member	
•	ANTONIO ROBERTI	ped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00