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B. BOSTICK

SEP - 9 2014

EXAMINER

COVER LETTER

TO:	Registration Section
	Division of Corporations

SUBJECT: DIGITAL CENTRIC, 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:

VICTOR H HEDLEY

Name of Person

DIGITAL CENTRIC, LLC

Firm/Company

8751 LATEEN LANE, BLD 3 UNIT 104

Address

FORT MYERS, FL 33919

City/State and Zip Code

digital@digitalcentric.com

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

For further information concerning this matter, please call:

Hugh W Hedley

,239 ,595-8640

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

DIGITAL CENTRIC, LLC	
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company velorida document number L08000051423	were filed on 05/22/2008 and assigne
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liabil</u>	lity company here:
he new name must be distinguishable and end with the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C
Inter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	, ro
	- U
	سي ا رُ [،]
nter new mailing address, if applicable:	2 2
Mailing address MAY BE A POST OFFICE BOX)	The Control of the Co
	ټ کو (۲.
b. If amending the registered agent and/or registered off egistered agent and/or the new registered office address here: Name of New Registered Agent:	
New Registered Office Address:	
New Registered Office Address:	Enter Florida street address
New Registered Office Address:	Enter Florida street address , Florida City Zip Code

If Changing Registered Agent, Signature of New Registered Agent

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 amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	HUGH WESTON HEDLEY	2232 GROVE DRIVE	= Add
		NAPLES, FL 34120	Remove
			□ Remove
			Add
			Remove
		T STOP	Add TO Remove
			<u>Ci.</u>
			□ Add
			Remove
			Add
			□ Remove

	· ·	enter change(s) here: (Attach ad	,,
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(The effecti	e date, if other than the date ve date must be specific, cannot be phis document is filed by the Florida D	rior to date of receipt or filed date and can	(optional) nnot be more than 90 days after
Dated A	UGUST 27	2014	
	, <u>, , , , , , , , , , , , , , , , , , </u>	Ma Olena ME	GR M
	Outor X		
	VICTOR H. HEDI	ture of a member or authorized represent	

Page 3 of 3

Filing Fee: \$25.00