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TALLAHASSEE, FLORIDA

T. CLINE

DEC 23 2008

EXAMINER

COVER LETTER

	istration So ision of Co			
SUBJECT:	Digital	File Systems LLC		
			ited Liability Company)	
The enclosed	l Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
•			GEORGE G PAPPAS	·
	0			
			(Address)	
		CLEA	RWATER, FLORIDA 33765 (City/State and Zip Code)	
r c 4 ·	C		all.	70 3
For further in	normation c	concerning this matter, please c	an.	SECRETAR SECRETAR elephone Number)
		G Pappas	at (<u>727</u>) 447-4999	
	(Name	of Person)	(Area Code & Daytime To	m ~ [m]
Enclosed is a	check for t	he following amount:		OF STATES. FLORING PROPERTY OF
☑ \$25.00 Fi	ling Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
	Registi Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DIGITAL FILE SYS (Name of the Limited Liability Compa (A Florida Limited L		,)				
The Articles of Organization for this Limited Liability Company Florida document number L08000111324	were filed on December 4, 2008	and assigned				
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liab	ility company here:					
The new name must be distinguishable and end with the words "Limi"L.L.C."	ted Liability Company," the designation	on "LLC" or the abbreviation				
Enter new principal offices address, if applicable:	1591 Gulf Boulevard, Suite 403	TSE ZING				
(Principal office address MUST BE A STREET ADDRESS)	Clearwater, Florida 33767	LARE OF THE O				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1591 Gulf Boulevard, Suite 403 Clearwater, Florida 33767	22 AM III O' ASSEE, FLORI				
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		ter the name of the new				
Name of New Registered Agent:						
New Registered Office Address: (Enter Florida street address)						
	, Florida	*				
	(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.

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:

	= Manager 1 = Managing Member			
<u>Title</u>	<u>Name</u>	Address	Type of Ac	<u>tion</u>
			Add Remove	
*			Add Remove	
	<u></u>		Add Remove	
	<u>.</u>		Add Remove	
		District of the second of the	AGG REMOVE	and the second s
D. If a	mending any other information, enter chang amend address for Guy Robert Buell, MGRN	e(s) here: (Attach additional sheets, if necessary.) I to: Florida 33767	AH II: 02	
	1591 Gulf Boulevard, Suite 403, Clearwater,	Florida 33767	- - -	
Dated _	December 18 , 2008	 	_	
	·	or authorized representative of a member		
	Tyned	uy Robert Buell or printed name of signee		

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Filing Fee: \$25.00