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SECRETARY OF STATE TALLAHASSEE, FLORIO/

M. THOMAS

MAY - 1 2009

EXAMINER

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: Elber D	Digital USA, LLC		0	
	(Name of Lim	nited Liability Company)		
The enclosed Articles of	`Amendment and fee(s) are sul	bmitted for filing.		
Please return all corresp	ondence concerning this matter	r to the following:		
	Antonio L. Roca			
•		(Name of Person)		
	Roca Gonzalez, PA			
		(Firm/Company)		
	2601 South Bayshore Di	rive, Suite 600		
		(Address)		
	Miami, FL 33133		~)	
		(City/State and Zip Code)	TALL	
For further information of	concerning this matter, please o	call:	2009 APR 30 AH 11: 55 SECRETARY OF STATE SECRETARY OF STATE Clephone Number)	
Antonio L. Roca		at (305) 859-6050	EE OF H	ļ
(Name	(Name of Person) (Area Code & Daytime Telephone Number		elephone Number) $\frac{7}{53}$ $\frac{5}{5}$	•
			RIDA RIDA	
Enclosed is a check for t	he 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)	
Regist 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	ons · Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Elber Digital USA, LLC			
(Name of the Limited Liability Com (A Florida Limite	apany as it now appears on our re ed Liability Company)	ecords.)	
The Articles of Organization for this Limited Liability Compa	any were filed on 2/25/2009	and assigned	
Florida document number <u>L09000018910</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited I	iability company here:		
The new name must be distinguishable and end with the words "L".L.C."	imited Liability Company," the des	signation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	FALLAHASS	
		PRE PR 3	
Enter new mailing address, if applicable:		SSEE	
(Mailing address MAY BE A POST OFFICE BOX)		FL 987	
		56	
		- Mary -	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		is, enter the name of the new	
registered agent and/or the new registered office address i	<u>ici c</u> .		
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 Changing Registered Agent, Signature of New Registered Agent)

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

. . 🤏

<u>Title</u>	Name	Address	Type of Action
MGR	Edoardo Bernadi	Suite 600	Add Remove
MGR	Edoardo Bernardi	2601 South Bayshore Drive Suite 600 Miami, FL 33133 □	
· ·			Add Remove
			Add Remove
			Add Remove
, , , , , , , , , , , , , , , , , , , 		SEULAH TALLAH	20099 Add Reffjove
D. If amendi	ng any other information, enter change(s) here: (Attach additional sheets, if necessary)	30 AM III
Dated April 8	, 2009 Signature of a member of	r authorized representative of a member	
	Antonio L. Roca, Authorize		
_	Typed or	r printed name of signee	

Page 2 of 2

Filing Fee: \$25.00