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SECRETARY OF STATE
SECRETARY OF STATE

COVER LETTER

	n of Corp					
SUBJECT:	CT: Ironsoft, LLC changing name to Digital Iron, LLC Name of Limited Liability Company					
The enclosed Art	ticles of A	mendment and fec(s) are sub	mitted for filing.			
Please return all	correspon	dence concerning this matter	to the following:			
			Steven Mandel Name of Person	 	·	
•		Ironsoft, LLC, o	changing name to Digita	l Iron, LL	<u>C</u>	
	Firm/Company					
	701 Vanderbaker Road					
		Templ	le Terrace, Florida 336° City/State and Zip Code	17		
		E-mail address: (t	nmandel@verizon.net	notification)		
For further infor	mation co	ncerning this matter, please c	·		6707	
Steven Mandel Name of Person			at (813) Area Code & Da	76 6-4	948	
	Name of	reison	Area Coule & Da	ушие текери	ne rumber	
Enclosed is a che	eck for the	following amount:				
\$25.00 Filing	; Fec	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclo	لسسا	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Registra Division P.O. Bo	NG ADDRESS: tion Section of Corporations x 6327 see, FL 32314	STREET/COI Registration So Division of Co Clifton Buildir 2661 Executiv Tallahassee, Fl	ection orporations org e Center Cir		

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

	Ironso	ft, LLC	SECRET	ARY OF STA
(Name of the Limite (d Liability Comp A Florida Limited	any as it now appea Liability Company)	rs on our records. MA	ARY OF STATE SSEE, FLORIDA
The Articles of Organization for this Limited 1	Liability Compan	y were filed on	June 11, 2009	and assigned
Florida document numberL0900005	7215			•
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name	of the limited lia	bility company he	<u>re</u> :	,
	Digital Iro	•		•
The new name must be distinguishable and end w "L.L.C."	ith the words "Lin	nited Liability Comp	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if appli	cable:	N/A		
(Principal office address MUST BE A STRE	ET ADDRESS)			
7. day and 12		NI/A		**************************************
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	N/A			
muning universimal BEA FOST OFFICE	<u> BUAJ</u>		" 	
B. If amending the registered agent and registered agent and/or the new registered of			our records, <u>enter t</u>	he name of the new
Name of New Registered Agent:	N/A			
New Registered Office Address:	N/A			
		Ei	nter Florida street add	ress
	***************************************	Cit	, Florida	7.0.1
		City		Zip Code
New Registered Agent's Signature, if changing	Registered Agent	<u>t:</u>		

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>	Address	Type of Action
N/A			
			Remove
			FT 5
			
		·	<u> </u>
			□ D amayıa
D. If an	nending any other information	on, enter change(s) here: (Attach additional she	ets, if necessary
	N/A		9 SEP 28 SECRETAR ALLAHASSI
			. m~
			FLORIS
Dated _	9-24		- Om 69
	Q.	iture of a member or authorized représentative of a me	am h ar
	Signa	Typed or printed hame of signee	omogi

Page 2 of 2

Filing Fee: \$25.00