

L09000105501

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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*Amend.*

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13 DEC 27 PM 4:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** US Digest LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed <sup>Articles of Amendment</sup> ~~Registered Agent/Registered Office Change~~ and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nekenja Franklin  
Name of Person

US Digest LLC  
Firm/Company

4950 Park Blvd  
Address

Pinellas Park FL 33781  
City/State and Zip Code

nekenja@gmail.com  
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Nekenja Franklin at (727) 599-4274  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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

**FILED**  
13 DEC 27 PM 4:01  
SECRETARY OF  
TALLAHASSEE, FL

US Digest LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 11/2/2009 and assigned  
Florida document number 609000105501

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

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 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 Changing Registered Agent, Signature of New Registered Agent

At the meeting the Managers of the Board of Directors, shall the title, name, and number of each Manager of  
Authorized Member being added or removed from our records:

MGR = Manager  
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Andrea Adams	4950 Park Blvd	<input type="checkbox"/> Add
		Pinellas Park Fl	<input checked="" type="checkbox"/> Remove
		33781	
MGR	June Franklin	4950 Park Blvd	<input checked="" type="checkbox"/> Add
		Pinellas Park Fl	<input type="checkbox"/> Remove
		33781	
MGR	Nekens Franklin	4950 Park Blvd	<input checked="" type="checkbox"/> Add
		Pinellas Park Fl	<input type="checkbox"/> Remove
		33781	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

SECRETARY OF THE  
 TALLAHASSEE FLORIDA

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2. If amending any other information, enter change(s) here. (Attach additional sheets, if necessary.)

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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**  
(If an effective date is listed, the date must be specific and cannot be more than 90 days after filing.) (605.0207 (3)(b))

Dated 12 / 27, 2012



\_\_\_\_\_  
Signature of a member or authorized representative of a member

Nekenja Franklin

\_\_\_\_\_  
Typed or printed name of signee

**Page 3 of 3**

**Filing Fee: \$25.00**

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