609000119549

(Reques	tor's Name)			
(Address)				
(Address)				
(City/Sta	ite/Zip/Phone #)			
(Only/Onl				
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
·	·			
Certified Copies	Cartificator of	Statue		
Certified Copies	Certificates of	Glatus		
Special Instructions to Filing Officer:				

Office Use Only



200227841832

04/20/12--01031--015 **\$5.00

2012 APR 20 AMIL: 18
SECRETARY OF STATE
FALL AHASSEE, FLORIDA

T. CLINE
APR 25 2012
EXAMINER

COVER LETTER

Division of Co	orporations				
OLD HEGE.	561	Digital, LLC		,	
SUBJECT:		ited Liability Company	,		
The enclosed Articles o	of Amendment and fee(s) are su	bmitted for filing.			٠.
	nondence concerning this matte				
·		Janet Reed	,		
		Name of Person			
Bryn & Associates					
		Firm/Company			,
	2 South B	iscayne Boulevard, Suite	2680		
Address					
Miami, Florida 33131					
City/State and Zip Code					
	j	anet@markbryn.com to be used for future annual report not	(Castian)		
			meanon)		٠.
For further information	concerning this matter, please of	call:			
,	Janet Reed	at (_305 ₎	374-0501		
Name	of Person	Area Code & Daytii	me Telephone Number		•
				2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.	****
Enclosed is a check for (the following amount:	•		BH APR 20 SECRETARY ALLAHASSI	apair Can
	\$30.00 Filing Fee & Certificate of Status	✓ \$55.00 Filing Fee & Certified Copy (additional copy is enclose		of Status, &	C

MAILING ADDRESS:

TÓ:

Registration Section

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

561 Digi				
(Name of the Limited Liability Compa (A Florida Limited I	<u>ny as it now appears on our records.</u>) Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document numberL09000119549	were filed on December 16, 2009 and assigned			
This amendment is submitted to amend the following:	•			
A. If amending name, enter the new name of the limited liab	pility company here:			
The new name must be distinguishable and end with the words "Lim" "L.L.C."	ited Liability Company," the designation "LLC" or the abbreviation			
Enter new principal offices address, if applicable:	Peninsula Corporate Center at Congress			
(Principal office address MUST BE A STREET ADDRESS)	950 Peninsula Corporate Circle, Suite 2006			
	Boca Raton, Florida 33487			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SECR TALL A			
B. If amending the registered agent and/or registered of	Tice address on our records, enter the name of the new			
registered agent and/or the new registered office address her				
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	, Florida			
Company of the compan	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