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**EXAMINER** 



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ALLABASSEE, FLAND

## **COVER LETTER**

TO: Registration S Division of C		» ·	• •			
SUBJECT:	D	iGal LLC				
SUBJECT:		ited Liability Company				
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.				
Please return all corresp	pondence concerning this matte	r to the following:				
		Cesar Diaz				
		Name of Person				
		Motors Tech LLC				
Firm/Company						
	2030	2030 SW 71st Terrace Bay C5				
	** *********	Address	· · · · · · · · · · · · · · · · · · ·			
		Davie, FL 33317				
		City/State and Zip Code				
	Ser E-mail address: (	vice@motorstechfl.com to be used for future annual report not	ification)			
For further information	concerning this matter, please	call:				
J	ohanna Diaz	at (_813 )	817 3272			
Name	of Person	Area Code & Dayti	me Telephone Number			
Enclosed is a check for	the following amount:					
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclose	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
	LING ADDRESS:	STREET/COUR	RIER ADDRESS:			

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	DIGAI LLC		
(Name of the Limited	Liability Company as it now appea Florida Limited Liability Company)	ers on our records.	
Α)	riorida Emined Elability Company)		
The Articles of Organization for this Limited Li	ability Company were filed on	04/28/2010 an	d assigned
Florida document number L10000045	<u>743                                    </u>		
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liability company he	<u>re</u> :	
The new name must be distinguishable and end with "L.L.C."	n the words "Limited Liability Comp	any," the designation "LLC" or	the abbreviation
Enter new principal offices address, if applica	ble:		
(Principal office address MUST BE A STREET	(ADDRESS)	) (ya	72
	-	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	TT SERVICE
	<del></del>		<del> </del>
•		en En	29
Enter new mailing address, if applicable:	-		<del></del>
<u> Mailing address MAY BE A POST OFFICE E</u>	<u>80X)</u>		
			<del>-</del>
B. If amending the registered agent and/o	r registered office address on	)ir	no of the non
registered agent and/or the new registered off	ice address here:	our recorus, <u>enter the nai</u>	ne of the nev
6			
	•		
Name of New Registered Agent:		· · · ·	
New Registered Office Address:			
	En	nter 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, 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>	Name	Address	Type of Action		
MGRM	Ciro Galvis	2030 SW 71st Terrace Bay C5 Davie FL 33317	Add Remove		
			Add Remove		
	<del> </del>		Add Remove		
			Add Remove		
<del> </del>			Add Remove		
-			Add Remove		
D. If amend	ing any other information, enter cha	ange(s) here: (Attach additional sheets, if necessary.)	-		
			<del>-</del>		
Dated	February 23	2012)	<del></del>		
		ber or authorized representative of a member	<del></del>		
	CESAR	DIFF ped or printed name of signee			

Page 2 of 2

Filing Fee: \$25.00