L10000080369

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10 NOV -5 PM 1: 03

SECRETARY OF STATE

DIVISION OF CORPORATION

B. KOHR

NOV - 8 2010

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: C+S Digital Eandagy Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Serge P. Mar Shall Name of Person Firm/Company 1791 Mami Gurdens De. #364
Firm/Company P 955
1791 Mami Gardens De. #304 ===
Miami F2 33 179 City/State and Zip Code Serge May Shall & Yahoo Com Germail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Serge May Shall at (305) 915-435 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$\$ Certificate of Status \$\ \text{Certified Copy} \ (additional copy is enclosed)

MAILING ADDRESS:

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

CLC PTOTOLS STATE			PM 1: 03
C&S DIGITAL TECHNOLOGY LLC	y Company as it now opposed	on our records	
(A Florida	y Company as it now appears Limited Liability Company)	on our records.	0, %
The Articles of Organization for this Limited Liability (29/2010	_ and assigned
Florida document number 10000080369	·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	nited liability company here:		
			
The new name must be distinguishable and end with the wo "L.L.C."	ords "Limited Liability Company	'," the designation "LLO	C" or the abbreviation
Enter new principal offices address, if applicable:			· · · · · · · · · · · · · · · · · · ·
(Principal office address MUST BE A STREET ADD	RESS)		
	 		
T			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			······································
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		r records, <u>enter the</u>	name of the ne
Name of New Registered Agent:			
New Registered Office Address:			· · · · · · · · · · · · · · · · · · ·
	Enter	r Florida street addre.	ss
***********		, 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 filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability haven notified in writing of this change.

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

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
461R_	Serge P. Marshall	1791 Miami Gardens DR #304 Miami, PC 33179	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ing any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	*
Dated	lovember 2, 20	NO	
Dateu	See Hyd Signature of a member	r or authorized representative of a member	
	SERGIE MAYR	SHAZC or printed name of signee	