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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. SAULSBERRY EXAMINER

SEP 22 2011

## **COVER LETTER**

TO:

Registration Section

Division of Corporations
SUBJECT: DIGITEC GROUP LLC  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:
LAURA L. MillER  SECRETARY OF STATE  DIGITEC GROUP LLC.  Firm/Company  1177 TURNBULL GR. Rd.  Address
1177 TURNBUIL GR. Rd. ORDER 23
OAK HILL FL. 32759  City/State and Zip Code  BLUE WAVE IC @ GMAIL - C & M  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
LAURA L. MillER at (386) 345 0200  Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$\ \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$\ \text{Certified Copy} \\ \text{(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 Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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

DIGITEC GI	ROUP	LLC				
(Name of the Limited I	Liability Compa Florida Limited	iny as it now app Liability Compan	oears on our records. y)	<u>.</u> )		
The Articles of Organization for this Limited Lia	ibility Company	were filed on _	SEPT 19,	<i>20]]</i> ai	nd assig	ned
Florida document number <u>L/0000</u>	<u>0818</u> 4	4				
This amendment is submitted to amend the follow	wing:					
A. If amending name, enter the new name of the limited liability company here:						
The new name must be distinguishable and end with "L.L.C."	the words "Lim	ited Liability Co	mpany," the designation	on "LLC" o	r the abb	oreviation
Enter new principal offices address, if applica	ble:	- <del>1</del>				<del></del>
(Principal office address MUST BE A STREET	"ADDRESS)			_Z <sub>SE</sub>	20	
			<u> </u>	CRETA LAHAS	SEP	T
Enter new mailing address, if applicable:				SELY YES	2	
(Mailing address MAY BE A POST OFFICE B	(OX)			OF STA	A# 8	
B. If amending the registered agent and/or registered agent and/or the new registered offi	r registered of	ffice address o	n our records, <u>ent</u>	er the na	: 22 me of	the new
		_	miller	77		
Name of New Registered Agent:	117	7 7	DAHOI	1/1	0 1	70
New Registered Office Address:		/ / /	Enter Florida street	address	<u>C, /</u>	<u>~</u> .
	OAK	HILL	/ , Florida	<u> 32</u>	75	9_
New Registered Agent's Signature, if changing Re	egistered Agent	City		Zip	Lode	

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 afdress, 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Mar MGRM = M	nager Ianaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Timothy C. Mille	OAK HILL FL. 32759	Add  Add  Move
MGR	LAURA L. Miller	1177 TURNBULLGRER	Add Remove
			∏∆dd Remove
	Sopt. 19, 2011 Lama LM	(s) here: (Attach additional sheets, if necessary.)	FILED 2011 SEP 21 AM 8: 22 TALL AH ARY OF STATE
•	LAURA L. MillER	SEPT. 19,	2011

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Filing Fee: \$25.00