

L10000098416

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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☐

MAIL

(Business Entity Name)

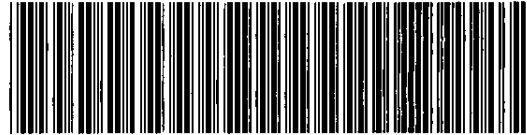
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Culligan SEP 13 2011

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT:

Digalign, 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:

Barry C Powers

Name of Person

Digalign, LLC

Firm/Company

1228 E. 7th Ave, Ste 200

Address

Tampa, FL 33605

City/State and Zip Code

~~Barry C Powers~~ barry.powers@digalign.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Barry C Powers

Name of Person

at (813) 763-8649

Area Code & Daytime 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 enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
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**

FILED

11 SEP 12 PM 12:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Digalign, 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 9/20/2011 and assigned

Florida document number L10000098416  
L10000098416

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)

1228 E. 7th Ave, Ste 200  
Tampa, FL 33605

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1228 E 7th Ave, Ste 200  
Tampa, FL 33605

**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:

Same Agent Barry C Powers

New Registered Office Address:

1228 E 7th Ave, Ste 200

*Enter Florida street address*

Tampa  
*City*

Florida

33605  
*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.*

*[Signature]*  
*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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Jayven Rappa	10929 Kensington Prk Ave Riverview, FL 33578	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Barry C Powers	4625 W Euclid Ave Tampa, FL 33629	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
Member	Jayven Rappa	10929 Kensington Prk Ave Riverview, FL 33578	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	BCP Group, LLC	4625 W Euclid Ave Tampa, FL 33629	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dated September 1, 2011

Signature of a member or authorized representative of a member

Barry C Powers

Typed or printed name of signee