

L10000105641
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H10000224999 3)))



H100002249993ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : TRIPP SCOTT, P.A.
Account Number : 075350000065
Phone : (954) 525-7500
Fax Number : (954) 761-8475

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

RECEIVED
10 OCT 13 PM 2:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SWEENEY DIGITAL SOLUTIONS, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$55.00

D. BRUCE

OCT 14 2010

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

H10000224999

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

Sweeney Digital Solutions, 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 10/08/2010 and assigned
Florida document number L10000105641

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Digital Solutions and Services, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED
10 OCT 13 AM 9:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

New Registered Office Address:

Enter 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

H10000224999

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input 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.)*

Dated October 13, 2010

Matthew H. Scott

Signature of a member or authorized representative of a member

Matthew H. Scott, Esq., Authorized Representative

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

FILED
10 OCT 13 AM 9:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H10000224999