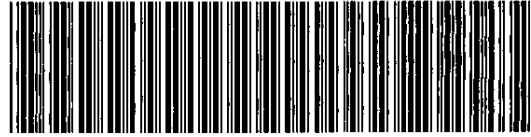


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(Address)

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THAMPTON

JUN 24 2011

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Digital Metrics Consulting, 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:

Cornelius Ronald Aarts

Name of Person

Digital Metrics Consulting, LLC

Firm/Company

1679 Geary Road

Address

Walnut Creek, CA. 94597

City/State and Zip Code

ron@innovtec.com

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

For further information concerning this matter, please call:

Cornelius Ronald Aarts

Name of Person

at ( 925 )

817-7577

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**

**Digital Metrics Consulting, 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 January 7, 2011 and assigned Florida document number L11000003263.

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: 1679 Geary Road  
**(Principal office address MUST BE A STREET ADDRESS)** Walnut Creek, CA, 94597

Enter new mailing address, if applicable: 1679 Geary Road  
**(Mailing address MAY BE A POST OFFICE BOX)** Walnut Creek, CA, 94597

**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:** Lance Garrett Olsen

**New Registered Office Address:** 2129 South Lakeshore Drive

Enter Florida street address

Clermont, Florida 34711

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, Signatures of New Registered Agent

Page 1 of 2

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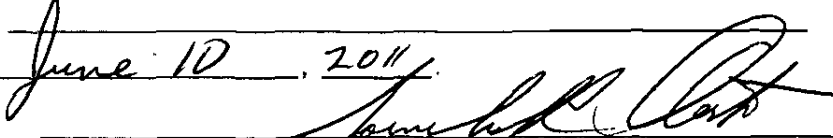
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	<u>Jose Salvador Mesa</u>	<u>108 N. Bloxam Ave</u> <u>Minneola, FL 34715</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	<u>Cornelius Ronald Aarts</u>	<u>1679 Geary Road</u> <u>Walnut Creek, CA 94597</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	<u>Lance Garrett Olsen</u>	<u>2129 South Lakeshore Drive</u> <u>Clermont, FL 34711</u>	<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

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

Dated June 10, 2011  
  
 \_\_\_\_\_  
 Signature of a member or authorized representative of a member  
Cornelius R AARTS  
 \_\_\_\_\_  
 Typed or printed name of signee

Page 2 of 2  
 Filing Fee: \$25.00  
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