2/1000045345

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SCURETARY OF STATE

COVER LETTER

TO: Registration Son Division of Con			
SUBJECT: ARM	ERSIVE, LLC		
SUBJECT:	Name of Limited Liability Company	•	
•			
The enclosed Articles of	Amendment and fee(s) are submitted for filing.		
Please return all correspo	ondence concerning this matter to the following:		
	David Avgikos		
	Name of Person	_	
	Armersive, LLC	_	
	Firm/Company	- 725 2013	
	250 International Parkway, Ste 320	2013 MAY -1 SECRETAR TALLAHAS	
	Address	ART ART	
	Lake Mary, FL 32746	PH PE	
	City/State and Zip Code	STATE STATE	
	davida@digimation.com		
	E-mail address: (to be used for future annual report notification)		
For further information of	concerning this matter, please call:		
David Avgi	kos 407,833-0600		
Name o	of Person Area Code & Daytime Telephone Numb	ær	

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

(Name of the Limite)	l Liability Compa A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited L Florida document number <u>L11000045345</u>	iability Company	were filed on 04-15-2011	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liab	ility company here:	
The new name must be distinguishable and end w "L.L.C."	ith the words "Limi		-1
Enter new principal offices address, if applicable:		250 International Parkway, \$	34) te 3229
(Principal office address MUST BE A STREI	ET ADDRESS)	Lake Mary, Florida 32746	
Enter new mailing address, if applicable:		250 International Parkway, \$	AA
Enter new maning address, it applicable: (Mailing address MAY BE A POST OFFICE BOX)		Lake Mary, Florida 32746	State of the state
B. If amending the registered agent and registered agent and/or the new registered of	_		the name of the new
Name of New Registered Agent: David Avgi		kos	
New Registered Office Address:	250 Interna	itional Parkway, Suite 320	
		Enter Florida street ac	ldress
	Laka Many	,	22746

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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>	Name	Address	Type of Action
MGR	Barre Tanguis	643 Magazine Street	✓ Add
		Suite 102	Remove
	·	New Orleans, LA 70130	<u> </u>
MGR	Rick Cottrell	3451 Dawn Court	Add
		Lake Mary, FL 32746	Remove
			- □
			L Add
		Ä.	Remove
	•	C A	2013 HAY
 		HASSEE. F	Add T
		Γυ 	Remove
		RIOS	00
	·		Add
			Remove
			_
			_ Remove

. If amending any other informati	ion, enter change(s) here: (Attach additional sheets, if necessary.)
 	
	· · · · · · · · · · · · · · · · · · ·
A - 1 000	
_{ed} April 29th	<u></u>
	111
Sign	lature of a member or authorized representative of a member
David Avgikos	
	Typed or printed name of signee
	Page 3 of 3

Page 3 of 3

Filing Fee: \$25.00

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