

LI 0000 46971

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

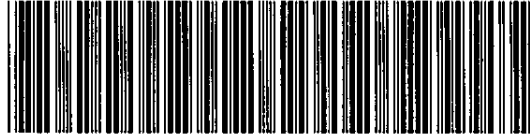
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300271430123

04/03/15--01018--012 **25.00

FILED
15 APR -9 AM 10:57
SECRETARY OF STATE
TALLAHASSEE FLORIDA

J. Shivers APR 22 2015

RE: L11000046971
EIN 45-1812133

4-7-15

TO WHOM IT MAY CONCERN,
PLEASE CHANGE NAME FROM
ANY EVENT FLORIDA TO DigiCal Media LLC
(ONE WORD)
capital D and C

REGARDS,

JOHN CALABRESI
407-748-8490

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ANY EVENT FLORIDA
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:

JOHN CALABRESI
Name of Person

ANY EVENT FLORIDA
Firm/Company

5968 LAKE MELROSE DRIVE
Address

ORLANDO, FL. 32829
City/State and Zip Code

JCALABRESI@CFL.RR.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHN CALABRESI at (407) 748-8490
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

ANY EVENT FLORIDA

(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 APR. 20, 2011 and assigned
Florida document number L11000046971

This amendment is submitted to amend the following:

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

DigiCal Media LLC

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

15 APR - 9 AM 10:57
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 605, 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

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

E. Effective date, if other than the date of filing: ASAP (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 4-07, 2015.

John Calabresi

Signature of a member or authorized representative of a member

JOHN CALABRESI

Typed or printed name of signee

FILED
15 APR -9 AM 10:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA