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	(Requestor's Name)					
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	(Business Entity Na	me)				
	(Document Number)				
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COVER LETTER

TO		istration Sec ision of Corp		•	
e1	ID IECT.	Digital Smar	rt Signs, LLC		
St	BJECT:		Name of Limit	ed Liability Company	
			amendment and fee(s) are subm	_	
Ple	ease return	all correspon	dence concerning this matter to	the following:	
			Philip Tatich		
				Name of Person	
			Digital Smart Signs, LLC		
				Firm/Company	
			1251 Miller Avenue, Suite I	3	
				Address	<u>. </u>
			Winter Park, Florida 32789		
				City/State and Zip Code	
			ptatich@aol.com	be used for future annual report notifica	
					action)
Fo	r further in	nformation co	ncerning this matter, please call	1:	
Pł	nilip Tatich	1		407 629-4433	
	·	Name of		Area Code Daytime T	Celephone Number
En	iclosed is a	check for the	e following amount:		
	\$25.00 F	iling 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 Smart Signs, LLC		
(<u>Name of the Limited</u> (A	Liability Company as it now appears on our records.) A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab Florida document number L11000082843	pility Company were filed on July 19, 2011	and assigned
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company here:	
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent: New Registered Office Address:	r registered office address on our records, <u>enter</u> ce address here:	the name of the new
new Registered Office Address:	Enter Florida street address	<u> </u>
	, Florida _	8:5 OR
	City	Cip Colles

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

MGR = N AMBR = A	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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		Orlando, Florida 32805	☐ Remove
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Effective date, (If an effective date Note: If the dat document's effe	is listed, the da e inserted in t	te must be spe his block do	ecific and o	cannot be eet the ap	prior to d p licable	ate of filin statutory	g or more (r filing re	han 90 day	(optiona es after fili ts, this da	ng.) Purst	iant to 60 ot be lis	05.0207 (3 sted as th
the record spe	ecifies a del ay after the			ate, bui	t not a	n effect	ive tim	e, at 12	:01 a.n	n. on th	ne earl	lier of:
The 90th da				2015								

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00