

LI1000084540

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

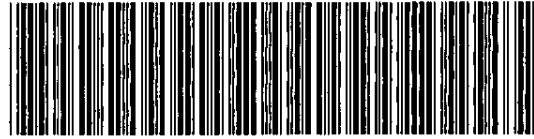
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

2012 APR 23 PM 3:45

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T. CLINE

APR 24 2012

EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 17, 2012

MICHAEL CRESS  
1785 PLANTERS RD  
JACKSONVILLE, FL 32207

SUBJECT: DIGISPEC SECURITY, LLC  
Ref. Number: L11000084540

We have received your document for DIGISPEC SECURITY, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammi Cline  
Regulatory Specialist II

Letter Number: 312A00011245

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2012 APR 23 PM 3:46

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 6, 2012

MICHAEL CRESS  
1863 WELLS RD #T308  
ORANGE PARK, FL 32073

SUBJECT: DIGISPEC SECURITY, LLC  
Ref. Number: L11000084540

We have received your document for DIGISPEC SECURITY, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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Tammi Cline  
Regulatory Specialist II

Letter Number: 312A00011245

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: Digispec Security, 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:

Michael Cress

Name of Person

Digispec Security, LLC

Firm/Company

1863 Wells Rd #T308

Address

Orange Park / FL / 32073

City/State and Zip Code

chamlatte@yahoo.com

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

For further information concerning this matter, please call:

Michael Cress

Name of Person

at ( 904 )

210-3650

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

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

Digispec Security, 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 07/22/2011 and assigned  
Florida document number L11000084540.

This amendment is submitted to amend the following:

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

Digital Conceptions, 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:**

1785 Planters Rd

**(Principal office address MUST BE A STREET ADDRESS)**

Jacksonville, FL 32207

**Enter new mailing address, if applicable:**

1785 Planters Rd

**(Mailing address MAY BE A POST OFFICE BOX)**

Jacksonville, FL 32207

**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**

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>
Manager	Michael Cress	1785 Planters Rd. Jacksonville, FL 32207	<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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

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Dated April 22, 2011, 2012

  
 Signature of a member or authorized representative of a member

Michael Cress  
 Typed or printed name of signee