13000096526

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J. SAULSBERRY EXAMINER

AUG 14 2013

COVER LETTER

TO: **Registration Section Division of Corporations**

Ignite Digital Labs 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:

	Jason Berw	ick		
		Name of Person		
		Firm/Company		
	1541 SW Pr	osperity Way		
		Address		
	Palm City, F	L 34990		
		City/State and Zip Code		2013
	jason@gatordigita	allabs.com to be used for future annual report notifi	cation	2013 AUG
For further information co	ncerning this matter, please	•		12
Jason Berw	ick	561 306-68		AM 9: 32
Name of	Person	Area Code & Daytime	Telephone Number	32
Enclosed is a check for the	e following amount:			
■ \$25.00 Filing Fee	□\$30.00 Filing Fee &	□\$55.00 Filing Fee &	□\$60.00 Filing Fee,	

Certificate of Status

Certified Copy (additional copy is enclosed) 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 Limited Liability Comp (A Florida Limited	pany as it now appears on our lability Company)	records.)		
The Articles of Organization for this Limited Liability Compar	ny were filed on 07/08/20	13	and assi	gned
lorida document number L13000096526				
his amendment is submitted to amend the following:				
. If amending name, enter the new name of the limited lia	ability company here:			
Sator Digital Labs LLC				
The new name must be distinguishable and end with the words "LinL.L.C."	mited Liability Company," the d	lesignation "LLC	" or the at	obrevia
nter new principal offices address, if applicable:			~ `	
Principal office address MUST BE A STREET ADDRESS)		<u> </u>	20 13	
		<u> </u>	<u> </u>	
		* * * * * * * * * * * * * * * * * * * *	<u>ল</u>	age A some street
nter new mailing address, if applicable:		<u> </u>	~	
Aailing address MAY BE A POST OFFICE BOX)				, 404
		37	ö	
		<u> </u>	-8 2	
. If amending the registered agent and/or registered egistered agent and/or the new registered office address he		rds, <u>enter the</u>	name of	the
Name of New Registered Agent:				
New Registered Office Address:	F FI			
	Enter Florid	da street address	5	
		, Florida	· ·	
	City		Zip Code	

New Registered Agent's Signature, if changing Registered Agent:

Ignite Digital Labs LLC

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

MGR = Manager MGRM = Managing Member <u>Title</u> **Name** <u>Address</u> **Type of Action** Remove Remove Remôve 1 mg . Remove Remove

If amending any other informat	tion, enter change(s) here: (Attach additional sheets, if necessary.)
•	
	, <u>, , , , , , , , , , , , , , , , , , </u>
A 1 O4ls	0040
_{ed} August 9th	, 2013/
	77/
Sign	nature of a member or authorized representative of a member
Jason Berwick	The same of the sa
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00