

L14 000033385

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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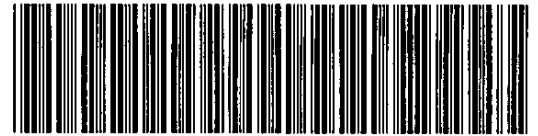
(Business Entity Name)

(Document Number)

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2014 JUL -9 PM 1:11

C. L. Cline

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COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **DIGITAL GRAPHICS SOLUTIONS DGS 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:

DIEGO J. GALVIS

Name of Person

DIGITAL GRAPHICS SOLUTIONS DGS LLC

Firm/Company

3004 MICHIGAN AVE

Address

KISSIMMEE, FL 34744

City/State and Zip Code

TAX.PROSOLUTIONS@HRBLOCK.COM

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

For further information concerning this matter, please call:

DIEGO J. GALVIS

Name of Person

at **(786) 320-2831**

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

2014 JUL -9 PM 1:11
TALLAHASSEE, FL 32301

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

DIGITAL GRAPHICS SOLUTIONS DGS 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 02/27/2014 and assigned
Florida document number L14000033385.

This amendment is submitted to amend the following:

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

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)

3004 MICHIGAN AVE
KISSIMMEE, FL 34744

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:

ADRIANA GOMEZ

New Registered Office Address:

3004 MICHIGAN AVE

Enter Florida street address

KISSIMMEE

City

, Florida 34744

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.

[Signature]
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>
MGR	DIEGO J. GALVIS	4630 S. KIRKMAN RD SUITE 403	<input type="checkbox"/> Add
		ORLANDO, FL 32811	<input checked="" type="checkbox"/> Remove
MGRM	DIGITAL GRAPHICS SOLUTIONS S.A.	3004 MICHIGAN AVE	<input checked="" type="checkbox"/> Add
		KISSIMMEE, FL 34744	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove

2014 JUL - 2014
ALL AMENDED RECORDS
PM 1:11
STATE OF FLORIDA

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

Dated JULY 3, 2014

Signature of a member or authorized representative of a member

DIEGO J. GALVIS

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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ALLAHADISI, FL 32009