

Office Use Only



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**S Warren** DEC 13 2016

## **COVER LETTER**

Division of Corpor	rations				
SUDPOINT D SUBJECT:	IGITAL ENTERTAINME	NT LLC			
SUBJECT:	Name of Lim	ited Liability Company	<del></del>		
The enclosed Articles of Am	nendment and fee(s) are sub	mitted for filing.			
Please return all corresponde	ence concerning this matter	to the following:			
		Julio Araujo			
		Name of Person			
	То	tal Corporation Services, Inc.			
		Firm/Company			
		6355 NW 36 St Suite 407			
		Address			
	V	irginia Gardens, FL 33166			
	City/State and Zip Code				
-		or@corporacionesenusa.com to be used for future annual report notific	eation)		
For further information conc		•			
Julio A		305 871-2525 at ()			
Name of Pe	rson	Area Code Daytime	Telephone Number		
Enclosed is a check for the fo	ollowing 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:

TO:

**Registration Section** 

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 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 02/28/2014 and assign and assign and advantage of the Limited Liability Company were filed on 102/28/2014 and assign amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:  N/A  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LL Enter new principal offices address, if applicable:	
Florida document number L14000034805  This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:  N/A  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC".	
This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:  N/A  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC".	
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N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC"	
Total man metaginal offices address if annitonly	.C.''
Suret new bruncipal ottores address! ii abbucable:	
Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
<ol> <li>If amending the registered agent and/or registered office address on our records, enter the name of egistered agent and/or the new registered office address here:</li> </ol>	f the r
Name of New Registered Agent:	
New Registered Office Address:  Enter Florida street address	
Plants	
City , Florida Zip Code	<del></del>
lew Registered Agent's Signature, if changing Registered Agent:	
hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply	

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

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FILED

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Månager , AMBR = Authorized Member

<u>l'itle</u>	Name	Address	Type of Action
MGR	JULIO ARAUJO	5199 NW 7 ST Apt 511E	<b>■</b> Add
		Miami, FL 33126	□ Remove
		****	☐ Change
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ffective date	if other than the	be specific and	cannot be prior to	date of filing or mo	re than 90 days a	otional) fter filing.) Pursuant	to 605.0
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cord spe e 90th da	cifies a delayed ly after the reco	effective d ord is filed.	ate, but not a	an effective ti	me, at 12:0:	1 a.m. on the	earlier
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i	Duc 0	<u>鸡</u> .	2016		3		
				$\sim$		<del>&gt;</del>	
		Signature of a 1	nember or authori:	and representative of	of a member		_
	· ·	g					
			LUIS W REYN	N YCAY			

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Filing Fee: \$25.00

SECRETARY OF STATE

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