Page 1 of 1

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ROGERS, TOWERS, BAILEY, ET AL

Account Number: 076666002273

Phone : (904)398-3911 : (904)396-0663

Fax Number

**Enter the email address for this business entity to be used for figure annual report mailings. Enter only one email address please

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DIGIFORT SYSTEMS, LLC

Certificate of Status	0
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

DIGIFORT SY (Name of the Limited Liability Compa (A Florida Limited		<u>s.</u>)
The Articles of Organization for this Limited Liability Company	were filed on May 29, 2015	and assigned
Florida document number L15000094215		_
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liah</u>	dlity company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	23123 South State Road 7	, Suite 304
(Principal office address MUST BE A STREET ADDRESS)	Boca Raton, FL 33428	15 15 15
		ARE ARE
Enter new mailing address, if applicable:	23123 South State Road 7	Suite 04 22
Mailing address MAY BE A POST OFFICE BOX)	Boca Raton, FL 33428	7 3 4
		0811 0811 1 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		C the
Name of New Registered Agent:	·	
New Registered Office Address:		
	Enter Florida street address	·
		rida
•	City	Zip Code

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

Page 1 of 3

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 ⇒ Manager AMBR ≈ Authorized Member					
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action		
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			Remove `		
			Change		
			Add		
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ective date, if other than the date offective date is listed, the date must be the lift the date inserted in this block burnent's effective date on the Department.	specific and cannot be prior to date of fit does not meet the applicable statute	(opti lling or more than 90 days after ory filing requirements, thi	filing.) Pursuant to 605.02	:07 as
record specifies a delayed e The 90th day after the recon	ffective date, but not an effe d is filed.	ective time, at 12:01 a	a.m. on the earlier	of
ted October 22	2015			
	NI			
Su	mature of a member of authorized repre-	sentative of a member		
	Charles D. Curley	Te		
	Charles R. Curley, Typed or printed name of s			

Page 3 of 3

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