# L15000108344

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# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

KENOTOMIA DIG	ITAL, LLC			
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<del></del>				
				Art of Inc. File
				LTD Partnership File
				Foreign Corp. File
				L.C. File
				Fictitious Name File
				Trade/Service Mark
				Merger File
			_	Art. of Amend. File
				RA Resignation
				Dissolution / Withdrawal
				Annual Report / Reinstatement
				Cert. Copy
				Рһою Сору
				Certificate of Good Standing
				Certificate of Status
				Certificate of Fictitious Name
				Corp Record Search
				Officer Search
				Fictitious Search
Signature				Fictitious Owner Search
Signature				Vehicle Search
				Driving Record
Requested by: Seth	07/00/15			UCC 1 or 3 File
	$-\frac{07/09/15}{5}$			UCC 11 Search
Name	Date	Time		UCC    Retrieval
Walk-In	Will Pick Up			Courier

### **COVER LETTER**

TO:		ration Sec on of Corp			
CITET	KI JECT:	ENOTOM	IA DIGITAL, LLC,		
30101	JEC1:	<u></u>	Name of Lim	ited Liability Company	, , , , , , , , , , , , , , , , , , ,
The e	nclosed Ar	ticles of A	mendment and fee(s) are sub	mitted for filing.	
Please	e return all	correspon	dence concerning this matter	to the following:	
			Jeremy D. Bowerman		
				Name of Person	
			Moraitis, Cofar, Karney &	Moraitis	
				Firm/Company	
		ENOTOMIA DIGITAL, LLC,  Name of Limited Liability Company  Anticles of Amendment and fee(s) are submitted for filing.  I correspondence concerning this matter to the following:  Jeremy D. Bowerman  Name of Person  Moraitis, Cofar, Karney & Moraitis  Firm/Company  915 Middle River Drive, Suite 506  Address  Fort Lauderdale, Florida 33304  City/State and Zip Code  jbowerman@mcklaw.com  E-mail address: (to be used for future annual report notification)  rmation concerning this matter, please call:  rerman  954  Area Code  Daytime Telephone Number  neck for the following amount:  neck for the following amount:			
				Address	
			Fort Lauderdale, Florida 3:	3304	
				City/State and Zip Code	
			· ·		
			E-mail address: (	to be used for future annual report notif	fication)
For fu	ırther infor	mation co	ncerning this matter, please ca	all:	
Jerem	ny D. Bowe	erman		954 563-4163	
		Name of	Person	Area Code Daytime	e Telephone Number
Enclo	sed is a ch	eck for the	following amount:		
<b>■</b> \$2	25.00 Filin	g Fee		Certified Copy	□ \$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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KENOTOMIA DIGITAL, LLC.					
(Name of the Limited Liability Compa (A Florida Limited	any as it novy appears on our records.) Liability Company)				
The Articles of Organization for this Limited Liability Company Florida document number L15000108344	were filed on June 24, 2015 and assigned				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	pility company here:				
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.C."				
Enter new principal offices address, if applicable:	374 Mallard Road				
(Principal office address MUST BE A STREET ADDRESS)	Weston, Florida 33327				
Enter new mailing address, if applicable:	374 Mallard Road				
(Mailing address MAY BE A POST OFFICE BOX)	Weston, Florida 33327				
	2015				
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	office address on our records, enter the name of the ne				
Name of New Registered Agent:					
New Registered Office Address:	Enter Florida street address				
	Enter riorida sireet adaress				
<del></del>	, Florida City Zip Code				
	LIIV LIII LOUE				

### 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.

If Changing Registered Agent, Signature of New Registered Agent

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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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fective date, if other than the date of the date is listed, the date must be ote: If the date inserted in this block ocument's effective date on the Department.	does not meet the application	cable statutory filing :	e than 90 days after filing. equirements, this date	) Pursuant to 60 will not be lis	05.02 sted a
record specifies a delayed ef The 90th day after the record	fective date, but no is filed.	ot an effective tin	ne, at 12:01 a.m.	on the earl	lier
July 9	2015	·			
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Sign	nature of a member of auti	orized representative of	a member		

Page 3 of 3

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