

L15000154717

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

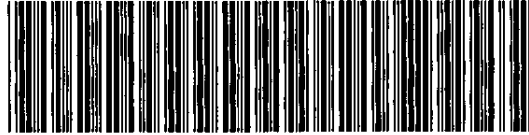
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

SEP 29 2015

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DIGIFURIATI, 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:

CLAUDIO DI GIOVANNI

Name of Person

DIGIFURI GROUP, LLC

Firm/Company

9705 COSTA DEL SOL BLVD.

Address

DORAL, FL 33178

City/State and Zip Code

DIGIFU@YAHOO.COM

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

For further information concerning this matter, please call:

CLAUDIO DI GIOVANNI

786 282-2188
at ()

Name of Person

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

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

DIGIFURIATI, 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 SEPTEMBER 10, 2015 and assigned
Florida document number L15000154717.

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 contain 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)

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:

New Registered Office Address:

Enter Florida street address

City

Florida

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.

If Changing Registered Agent, Signature of New Registered Agent

SEP 28 PM 11:05
STATE OF FLORIDA

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>	<u>Type of Action</u>
MGR	CLAUDIO DI GIOVANNI	9705 COSTA DEL SOL BLVD	☐ Add
		DORAL, FL 33178	☒ Remove
			☐ Change
MGR	AIDA FURIATI	9705 COSTA DEL SOL BLVD	☐ Add
		DORAL, FL 33178	☒ Remove
			☐ Change
MGR	DIGIFURI GROUP, LLC	9705 COSTA DEL SOL BLVD	☒ Add
		DORAL, FL 33178	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
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			☐ Add
			☐ Remove
			☐ Change

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 CLERK, FLORIDA

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Signature of a member of authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00

SEP 28 P 1:00
FLORIDA
STATE
UNIVERSITY