15000177623

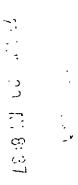
(Requestor's Name)
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(Business Entity Name)
(Business Entity Name)
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COVER LETTER

OFFER FER CITE	SOLUTIONS LLC		
SUBJECT.	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub indence concerning this matter		
	KAREN SEERAM		
		Name of Person	
	DIGIMAX SOLUTIONS I	LLC	
		Firm/Company	
	10861 CROSS CREEK BI	.VD	
		Address	
	TAMPA FL 33647		
		City/State and Zip Code	
	EPASLLC@GMAIL.COM	to be used for future annual report notifi	ication)
For further information c	oncerning this matter, please co		(Carry)
KAREN SEERAM		813 401-9820 at ()	
Name o	f Person		Telephone Number
Enclosed is a check for the	he 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		Street Address:	tion

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section

Division of Corporations

TO:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DIGIMAX SOLUTIONS LLC

277 81 30 17 8:37

(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 10/19/2015 and assigned Florida document number _L15000177623 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:

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.

City

Enter Florida street address

___. 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>	Address	Type of Action
AMBR	RAMJI SHAH	10861 CROSS CREEK BLVD	= Add
		TAMPA FL 33647	□Remove
			□Change
			□Add
			□ Remove
			□ Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			Change
		 	□Add
			□Remove
			☐ Change

	
	
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Effective date if other than the	date of filing: (antional)
If an effective date is listed, the date mus Note: If the date inserted in this blodocument's effective date on the De	date of filing:
e record specifies a delayed effective rd is filed.	re date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
JULY 24TH Dated	2020
	Signature of a member or authorized representative of a member
ECADENI CETEDANA	
KAREN SEERAM	