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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nai	me)
(Do	cument Number))
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C. GOLDEN JAN 1 2 2019

COVER LETTER

то:	Registration Se Division of Cor			
SUBJE		COMMUNICATION SYSTEM	MS I.LC	
SUBJE.		Name of Lin	illed Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please 1	return all correspo	ondence concerning this matter	to the following:	
		Paul Schatz		
		Data Cabling Services, Inc	Name of Person	
		101 S. Congress Ave, Suit	Firm/Company c E	
		Delray Beach, FL 33445	Address	
		Paul@thedesgroup.net	City/State and Zip Code	
			to be used for future annual report notif	ication)
For furt	her information c	oncerning this matter, please of	ali:	
Paul Sc	hatz		561 654-2100 at ()	
_	Name o	f Person	Area Code Daytime	Telephone Number
Enclose	d is a check for th	ne 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

FILED

2019 JAN -2 AM 8: 12

DIGITAL COMMUNICATION SYSTEMS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SLUBITARY OF STATE TALLAHASSEE, FL

	, ,	
The Articles of Organization for this Limited Liability	Company were filed on 08/10/2016	and assigned
Florida document number 1.16000149508	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited 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 ADI	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or rep	vistered office address on our roo	pards anter the name of the
registered agent and/or the new registered office ac	Idress here:	orus, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	ddress
		, Florida
	City	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

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
AMBR	Rob Gluckin LLC		
		2501 N. Rock Island Rd #211	
		Margate, FL 33063	■ Remove
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(If an effective Note: If th	e date is listed, the date inserted	than the date he date must be sp f in this block do e on the Departi	pecitic and car oes not meet	mot be prior to t the applicab	date of filing of	r more than 90	days after filing	Pursuant to 605.0 will not be listed)207 (Łas t
the record) The 90t	specifies a th day after:	delayed efforther the record i	ective date s filed.	e, but not	an effectiv	e time, at 1	.2:01 a.m. (on the earlier	r of:
Dated	ember 23	— <i>1</i>		018					
		(1)	// //						
		1/1/							
-		Signa	Ture of a men	ber or authori	ed representat	ive of a membe	r	·	

Page 3 of 3

Filing Fee: \$25.00