

46000153353

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

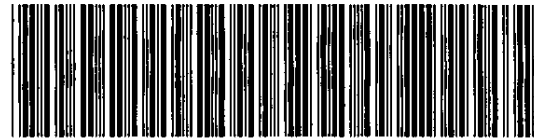
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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16 SEP 26 PM 1:41  
CLERK OF COURT  
JUDICIAL CIRCUIT IN AND FOR  
FLORIDA

SEP 28 2016

SULKER

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DIGITAL ODEUM 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:

ANTONIO H. WONG  
Name of Person  
DIGITAL ODEUM LLC  
Firm/Company  
501 NW 179TH AVE STE # 100  
Address  
PEMBROKE PINES FLORIDA 33029  
City/State and Zip Code  
HEIDIW@DOCTORSPLUSMED.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANTONIO H. WONG 954 442-2828  
Name of Person at ( ) Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

DIGITAL ODEUM 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 8/16/2016 and assigned  
Florida document number L16000153353.

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*

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>	<u>Type of Action</u>
AMBR	DENUTON LLC	501 NW 179TH AVE	<input type="checkbox"/> Add
		PEMBROKE PINES FL 33029	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	FERNANDO MAGO	501 NW 179TH AVE	<input checked="" type="checkbox"/> Add
		PEMBROKE PINES FL 33029	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

16 SEP 26 PM 1:26  
HARRIS COUNTY CLERK  
JANIS L. ORR, CLERK

411-1453  
76 SEP 2

(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)

Pursuant to 605.0207  
will not be listed as

✓ Dated 09-22-2016, \_\_\_\_\_

✓   
Signature of a member or authorized representative of a member

✓ Antonio Wong  
Typed or printed name of signee