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SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 MAY 29 PM 1:00

N COOPER

MAY 30 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DIGITAL SENSEI 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:

FERDINAND TORO

Name of Person

Firm/Company

19900 EAST COUNTRY CLUB DRIVE, STE 218

Address

AVENTURA, FLORIDA 33180

City/State and Zip Code

FERDINAND@MIAMITG.COM

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

For further information concerning this matter, please call:

FERDINAND TORO

Name of Person

at (786)

Area Code

298-4753

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

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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	MONICA VELASQUEZ RITES	19900 EAST COUNTRY CLUB DRIVE, STE 218	<input type="checkbox"/> Add
		AVENTURA, FLORIDA 33180	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	XAVIER LEDESMA VELASQUEZ	19900 EAST COUNTRY CLUB DRIVE, STE 218	<input checked="" type="checkbox"/> Add
		AVENTURA, FLORIDA 33180	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

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E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated MAY 17 2018

Signature of a member or authorized representative of a member

XAVIER LEDESMA VELASQUEZ

Typed or printed name of signee.