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(Re	equestor's Name)	
(Ad	ddress)	
(Ad	ddress)	
(Cir	ty/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Name)	
(Do	ocument Number)	
Certified Copies	Certificates of Status	3
Special Instructions to	Filing Officer:	
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Ü	Office Use Only	



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April 13, 2019

ROBERTO PEREZ 396 CAMERON DR WESTON, FL 33326

SUBJECT: IT2UDE DIGITIAL TECHNOLOGY SOLUTIONS LLC

Ref. Number: L19000066999

We have received your document for IT2UDE DIGITIAL TECHNOLOGY SOLUTIONS LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPROATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons Regulatory Specialist III

Letter Number: 219A00007473

RECEIVED APR 25 2019

www.sunbiz.org

COVER LETTER

TO: Registration Sect Division of Corpo		
SUBJECT: 1720	DE DIGITIAL TECHNOLOGY SOLUTIONS Name of Limited Liability Company	LLC
The enclosed Articles of A	unendment and fee(s) are submitted for filing.	
Please return all correspond	dence concerning this matter to the following:	
	Roberto Perez Name of Person	
	Pos 2019 Digital LLC Firm/Company	
	396 Cameron Drive	
	Weston, FL 33326 City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
For further information cor	neerning this matter, please call:	
Roberso	Person at (786) 473-008 3 Area Code Daytime Telephone Number	
Name of I	Person Area Code Daytime Telephone Number	
Enclosed is a check for the	: following amount:	
□ \$25.00 Filing Fee	□ \$50.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	atus &

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 TaBahassee, 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

I + 2 ude Digitial	ity Company as it now appears on our records.) a Limited Liability Company)
(Name of the Limited Clarif (A Florid	a Limited Liability Company)
The Articles of Organization for this Limited Liability (Florida document numberL 1900061	Company were filed on $\frac{3/8/2619}{399}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	tited liability company here:
Pos 2ura Digital	i-LC
The new name must be distinguishable and contain the words "Lin	nited 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 ADD	RESS)
	25
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	stered office address on our records, enter the name of the new
registered agent and/or the new registered office add	iress here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	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>	Address	Type of Action
			Remove
			Change
			□ Add
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(If an e <u>Note:</u>	date, if other than the date of filing: 2/31/2019 (optional) ive 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 0 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed Us effective date on the Department of State's records.
he re	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier Oth day after the record is filed.
	4/18/19
Datec	7/18/19
Datec	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00