

L19000130840

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

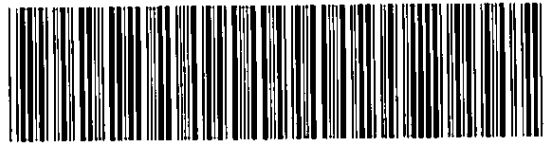
(Business Entity Name)

(Document Number)

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PICK UP: 01/17/2020

- CERTIFIED COPY** _____
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- FILING** AMENDMENT _____

1. **DIGITAL CONNECTIONS COMPANY LLC**
(CORPORATE NAME AND DOCUMENT #)
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

COVER LETTER

**TO: Registration Section
Division of Corporations**

DIGITAL CONNECTIONS COMPANY LLC

SUBJECT: _____
Name of Limited Liability Company

The enclosed Articles of Amendment and fees) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ronald C. Iacone Jr., Esq.

Name of Person

Iacone Law, P.A.

Firm/Company

2525 Ponce de Leon Blvd., Suite 300

Address

Coral Gables, FL 33134

City/State and Zip Code

REGISTEREDAGENT@IACONELAW.COM

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

For further information concerning this matter, please call:

_____ at (_____) _____
Name of Person Area Code 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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



Iacone Law, P.A.

2525 Ponce de Leon Blvd.,
Suite 300
Coral Gables, FL 33134
Tel: +1 (786) 773-2045
Fax: +1 (786) 773-2046
ron@iaconelaw.com

January 17, 2020

VIA HAND DELIVERY

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

**RE: AMENDMENT TO ARTICLES OF ORGANIZATION
DIGITAL CONNECTIONS COMPANY LLC (the "Company")
L19000130840**

Dear Colleague:

Please be advised that on January 2, 2020, an Annual Report was filed deleting ANASTASIYA MAMALADZE as Manager of the Company. However, the Members of the Company would also like to remove her from the Company's Articles of Organization by amending the same, among other things.

Should you have any questions concerning this filing, please feel free to reach out to me directly.

With cordiality,

/s/ Ronald C. Iacone Jr.
Ronald C. Iacone Jr., Esq.

CC: the Members

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

DIGITAL CONNECTIONS COMPANY 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 05/14/2019 and assigned
Florida document number L19000130840

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)

C/O IACONE LAW, P.A.

2525 PONCE DE LEON BLVD., SUITE 300

CORAL GABLES, FL 33134

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

C/O IACONE LAW, P.A.

2525 PONCE DE LEON BLVD., SUITE 300

CORAL GABLES, FL 33134

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: IACONE LAW, P.A.

New Registered Office Address: 2525 PONCE DE LEON BLVD., SUITE 300

Enter Florida street address

CORAL GABLES, Florida 33134

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	HRUZIN, KHRYSTYNA	C/O IACONE LAW, P.A.	<input type="checkbox"/> Add
	* Address change only	2525 PONCE DE LEON BLVD., SUITE 300	<input type="checkbox"/> Remove
		CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Change
AMBR	HRYSHCENKO, VIKTOR	C/O IACONE LAW, P.A.	<input type="checkbox"/> Add
	* Address change only	2525 PONCE DE LEON BLVD., SUITE 300	<input type="checkbox"/> Remove
		CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Change
MGR	HRYSHCENKO, VIKTOR	C/O IACONE LAW, P.A.	<input checked="" type="checkbox"/> Add
		2525 PONCE DE LEON BLVD., SUITE 300	<input type="checkbox"/> Remove
		CORAL GABLES, FL 33134	<input type="checkbox"/> Change
MGR	GIMENEZ, JULIAN	C/O IACONE LAW, P.A.	<input checked="" type="checkbox"/> Add
		2525 PONCE DE LEON BLVD., SUITE 300	<input type="checkbox"/> Remove
		CORAL GABLES, FL 33134	<input type="checkbox"/> Change
MGR	MAMALADZE, ANASTASIYA	8175 NW 12 TH ST SUITE 130	<input type="checkbox"/> Add
	* Previously deleted as per annual report, but Members would also like to remove from Articles of Organization via this Amendment.	DORAL, FL 33126	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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.

JANUARY 17 2020
 Dated _____



 Signature of a member or authorized representative of a member

RONALD C. IACONE JR., ESQ - AUTHORIZED REPRESENTATIVE

 Typed or printed name of signee

Filing Fee: \$25.00