## 1000 61 351

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400333520854

Q8/30/19--01008--011 \*+25.00



SEP 19 2819 T SCHROEDER

## **COVER LETTER**

DIGITAL BANKING SOLUTIONS LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filling. Please return all correspondence concerning this matter to the following: JONATHAN ASERRAF Name of Person Firm/Company 7950 NW 53RD STREET SUITE 337 Address MIAMI, FLORIDA 33166 City/State and Zip Code JA@OFFIXSOLUTIONS.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: JONATHAN ASERRAF Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, **\$25.00** Filing Fee Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section
Division of Corporations

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 BANKING SOLUTIONS LLC	
( <u>Name of the Limited Liability Company as it no</u> (A Florida Limited Liability Co	ow appears on our records.) ompany)
The Articles of Organization for this Limited Liability Company were file	ed on and assigned
Plorida document number L19000167351	
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liability com</u>	pany here:
The new name must be distinguishable and contain the words "Limited Liability Compa	my," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
	19 50 50 50 50 50
	€6 <b>A</b> TI
Enter new mailing address, if applicable:	% 30 <b>□</b>
Mailing address MAY BE A POST OFFICE BOX)	Te p II
	29 I U
B. If amending the registered agent and/or registered office add	
registered agent and/or the new registered office address here:	-
Name of New Registered Agent:	
Navy Bagistored Office Address	
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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	MONTEIRO OLIVEIRA, VASCO NUNO	4300 BISCAYNE BLVD, SUITE 203	<b>-</b>
		MIAMI, FLORIDA 33137	Add
			☐ Remove
			☐ Change
	·		
			Remove
			☐ Change
	<del></del>		□ Add
			SE DE Change
			T GFAdd
			BRemove
			☐ Change
			Add
			Remove
			Change
		<del></del>	Add
			☐ Remove
			Change

			<del>.</del>		
		•	· - · · · · · · · · · · · · · · · · · ·		<del></del>
			· <del>-</del>		
		·			
			<u></u>		
,					
				<u>F</u> .c	9
		<del></del>	_		AGE -
				SS	30
				111 <u>C.</u>	₽ /
				977	<del></del> (
			·		<u></u>
Effective data if other than the	data of filings		tention	al)	
Effective date, if other than the	be specific and cannot be pric	or to date of filing or n	ore than 90 days after fil	ing.) Pursuant	to 605.020
Note: If the date inserted in this blo document's effective date on the De			g requirements, this a	ate will not e	ie fisied a
ne record specifies a delayed The 90th day after the reco		ot an effective	ime, at 12:01 a.r	n. on the o	earlier c
Dated AUGUST 26	, 2019	·			
	Signature of a member or aut				
			<del></del>		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00