

9/22/2014

M13000001196

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000222072 3)))



H140002220723ABCU

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : HARVARD BUSINESS SERVICES, INC.
Account Number : I20080000045
Phone : (302)645-7400
Fax Number : (302)645-1280

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: por15545@bellsouth.net

LLC AMND/RESTATE/CORRECT OR M/MG RESIG
MHEALTH DIAGNOSIS LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$30.00

RECEIVED

14 SEP 22 AM 11:09

DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICESSECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 SEP 22 AM 8:55

RECEIVED

(((F14000222072 3)))

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-3 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of State: MHEALTH DIAGNOSIS LLC
2. Jurisdiction of its organization: Delaware
3. Date authorized to do business in Florida: 02/25/2013

SECTION II (4-7 complete only the applicable changes)

4. New name of the limited liability company: Digital Media Laboratories LLC
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C.," or "LLC.")

5. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

6. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change: _____
7. Attached is an original certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.


Signature of the authorized representative

Andrew Gordon

Typed or printed name of signer

Filing Fee: \$25.00

(((F14000222072 3)))

Delaware

(((H14000222072 3)))

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "MHEALTH DIAGNOSIS LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "DIGITAL MEDIA LABORATORIES LLC", THE TWENTY-SECOND DAY OF MAY, A.D. 2014, AT 3:57 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

FILED
14 SEP 22 AM 8:56
SECRETARY OF STATE
WILMINGTON, DELAWARE



5285427 8320

141201049

You may verify this certificate online
at corp.delaware.gov/authver.shtml


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 1714352

DATE: 09-19-14

(((H14000222072 3)))