P05000066357

| (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: |
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1/10/05--01017--006 **35.00



Amera + NK

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

| NAME OF CORPORATION: | Digital | MICR | DN, INC |
|--|--|-----------------------------|---|
| NAME OF CORPORATION: DOCUMENT NUMBER: | P050000 | 66357 | |
| The enclosed Articles of Amendmen | t and fee are submitted f | or filing. | |
| Please return all correspondence con- | cerning this matter to the | following: | |
| | Name of Contact Person | ~~ <i>A</i> | ····· |
| D161 | TALMICRON | , ENC | |
| | (Firm/ Company) | <u> </u> | |
| 370 C | ENTERPOINTE (Address) | icie, | STE 1154 |
| | (Address) | , | |
| ALTAMO | ONTE SPRINC (City/ State and Zip Code | 35, 1=L | 3>7 6 / |
| For further information concerning the | , - | e) | |
| Name of Contact Person) | at (4) | rea Code & Daytim | P - (a(a) 3 ne Telephone Number) |
| Enclosed is a check for the following | amount: | | |
| \$35 Filing Fee \$43.75 Filing Certificate of | Status Certifie | onal copy is | ☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 | | ent Section of Corporations | 3 |

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

| of $\mathcal{O}_{\mathcal{O}_{\mathcal{I}_{1}}}$ |
|--|
| (Name of corporation as currently filed with the Florida Dept. of State) |
| (Name of corporation as currently filed with the Florida Dept. of State) (Name of Corporation as currently filed with the Florida Dept. of State) (Name of Corporation as currently filed with the Florida Dept. of State) |
| P050000 66357 |
| (Document number of corporation (if known) |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation: |
| NEW CORPORATE NAME (if changing): |
| Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.") |
| (Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.") (A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.") |
| AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC) |
| gdd: |
| SHARON L. PIZZUTI |
| SHARON L. PIZZUTI 5380 DEEP WOODS CT |
| SANFORD, FL 32771 title: SECRETHRY |
| title: SECRETARY |
| <u> </u> |
| |
| |
| |
| (Attach additional pages if necessary) |
| If an amendment provides for exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A |
| |
| |
| (continued) |

| The date of each amendment(s) adoption: | 9/30/05 |
|--|--|
| Effective date if applicable: | 9/30/05 9/20/05 ays after amendment file date) |
| (no more than 90 da | ays after amendment file date) |
| Adoption of Amendment(s) (CHECK | ONE) |
| The amendment(s) was/were approve the amendment(s) by the shareholder | ed by the shareholders. The number of votes cast for s was/were sufficient for approval. |
| | ed by the shareholders through voting groups. The ly provided for each voting group entitled to vote |
| "The number of votes cast for the "HUMAS H. WOO (voting group) | amendment(s) was/were sufficient for approval by |
| | by the board of directors without shareholder action |
| The amendment(s) was/were adopted shareholder action was not required. | by the incorporators without shareholder action and |
| | other officer - if directors or officers have not been r - if in the hands of a receiver, trustee, or other court fiduciary) |
| THO | printed name of person signing) |
| P | RESIDENT |
| | (Title of person signing) |

FILING FEE: \$35