P23000039420

(Per	uestor's Name)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	PRATION: DIGISEG, INC.		·		
DOCUMENT NUM	IBER: P23000039420				
	s of Amendment and fee are su	bmitted for filing.			
Please return all corr	espondence concerning this ma	tter to the following:			
	Beatriz V. Valarino				
		Name of Contact Person	1		
	DIGISEG, INC				
	<u> </u>	Firm/ Company			
	2517 Centergate Dr. # 203				
		Address			
	Miramar, Florida 33025				
	City/ State and Zip Code				
	beavala@gmail.com		•		
	E-mail address: (to be us	sed for future annual report	notification)		
For further informati	on concerning this matter, pleas	se call:			
Beatriz V. Valarino		at ((786) 406-3200		
Name	of Contact Person		de & Daytime Telephone Number		
Enclosed is a check	for the following amount made	payable to the Florida Dep	artment of State:		
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Ar Di P.G	niling Address nendment Section vision of Corporations D. Box 6327 Ilahassee, FL 32314	Amend Divisio The C	Address ¹ Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to. Articles of Incorporation

DIGISEG, INC				,
(Name	of Corporation as curren	tly filed with the Florida Dep	t. of State)	
P23000039420.	•		i er er a	
	(Document Number	of Corporation (if known)	٠ (٠	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	s Florida Profit Corporation a	dopts the following a	mendment(s) to
A. If amending name, enter the new n	ame of the corporation:			
N/A			T	L
name must be distinguishable and contair "Inc.," or Co.," or the designation "C" "chartered," "professional association,"	Corp." "Inc." or "Co".	A professional corporation n	or the abbreviation	he new "Corp.," he word
B. Enter new principal office address. (Principal office address MUST BE A S		N/A		
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)	icable <u>:</u> OFFICE BOX)	N/A		23 H.M
	•			<u>ω</u> .
D. If amending the registered agent an new registered agent and/or the new	nd/or registered office add w registered office addres	Iress in Florida, enter the nates:	ne of the	PH 4: 34
Name of New Registered Agent	N/A ,		·	Ĭ.
		reet address)		
New Registered Office Address:	N/A		, Florida	·
		(City)	(Zip Code	e)
New Registered Agent's Signature, if ell I hereby accept the appointment as regist	hanging Registered Agent ered agent. I am familiar	<u>t:</u> with and accept the obligation	s of the position.	
	Signature of New F	Registered Agent, if changing		
Check if applicable				

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Example:

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{v}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) X Change	P	FELIX E. PALACIOS	654 DURHAM X
Add			DEERFIELD BEACH, FLORIDA
Remove			33442.
2) X Change	v	CESAR A. LEMOINE	19910 S.W, 92 AVE,
Add			CUTLER BAY, FLORIDA
Remove 3) Change			33157.
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		<u> </u>	
Add			
Remove			

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	05/22/2023	
The date of each amendment(s)	adoption:	_, if other than the
date this document was signed.		
	/22/2-23	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this date will Department of State's records.	not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were action was not required.	dopted by the incorporators, or board of directors without shareholder action and	shareholder
■ The amendment(s) was/were ac by the shareholders was/were:	dopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.	
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
1.6%	a.e. are amendment(5) was were sufficient for approval	
by	75	
, <u></u>	(voting group)	
05/22/202	3	
Dated		
Nignature (PC)	ar A. Cemoine 05/22/23	_
	director, president or other officer - if directors or officers have not been	
	ed, by an incorporator – if in the hands of a receiver, trustee, or other court	
appoi	nted fiduciary by that fiduciary)	
	CESAK A. LEMUINE	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	