

L15000102463

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

From: Account Name : TAXLEAF.COM INC
Account Number : I20140000084
Phone : (305)541-3980
Fax Number : (305)541-7033

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIG APPLIED BUSINESS SERVICES LLC

Certificate of Status	0
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Page Count	03
Estimated Charge	\$25.00

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DIVISION OF CORPORATIONS

JUN 17 2015

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

APPLIED BUSINESS SERVICES 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 06/10/2015 and assigned
Florida document number L15000102463

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 end with 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

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

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D. If providing any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Four horizontal lines for providing additional information.

E. Effective date, if other than the date of filing: _____ (optional)

- (1) Effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
- (2) date this document is filed by the Florida Department of State

(3) Date: JUNE 15TH 2015

Xavier Eduardo Marmol
Signature of a member or authorized representative of a member

XAVIER EDUARDO MARMOL

Typed or printed name of signer

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