

LO6000097256

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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EXAMINER

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Applied Business Technologies ESM LLC
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Maxime Cacchione

(Name of Person)

Applied Business Technologies ESM LLC

(Firm/Company)

5783 SW 40TH STREET, #112

(Address)

MIAMI, FL, 33155

(City/State and Zip Code)

For further information concerning this matter, please call:

MAXIME CACCHIONE

(Name of Person)

at (786) 564-8220

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|--|--|---|

MAILING ADDRESS:

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Applied Business Technologies ESM 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 October 04, 2006 and assigned
Florida document number L06000097256.

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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 608, 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)

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Eleonora Roversi	5783 SW 40TH ST. #112 MIAMI, FL, 33155	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/>
MGR	Enrique Roversi	5783 SW 40TH ST. #112 MIAMI, FL, 33155	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/>
MGRM	Maxime Cacchione	5783 SW 40Th ST. #112 MIAMI, FL, 33155	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/>
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/>
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			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/>

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TALLAHASSEE, FLORIDA

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

Dated OCTOBER 30TH , 2008

Glenn Dore
Signature of a member or author

ELEONORA ROVERSI
Typed or printed name of signee