#1 13000054945

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AUG - 5 2013

COVER LETTER

TO:

Registration Section
Division of Corporations

SYSTEMS & EMBEDDED SOLUTIONS

SUBJECT:

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:

STEVEN LE

Name of Person

SYSTEMS & EMBEDDED SOLUTION

Firm/Company

4707 140TH AVENUE N. SUITE 106

Address

CLEARWATER, FL 33762

City/State and Zip Code

STEVEN.LE@SYSEMB.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

STEVEN LE

727 612-6665

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

□\$30.00 Filing Fee & Certificate of Status

□\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

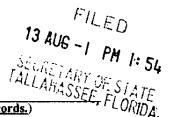
□\$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



SYSTEMS & EMBEDDED SOLUTIONS

(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 I Florida document numberL130000549	iability Company	were filed on	April 15th, 2013	and assigned
This amendment is submitted to amend the fol	owing:			
A. If amending name, enter the new name of	f the limited liab	ility company	here:	
N/A				
The new name must be distinguishable and end w "L.L.C."	th the words "Lim	ited Liability Co	ompany," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable:		N/A		
(Principal office address MUST BE A STRE	ET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A		
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:	_		on our records, <u>ente</u>	r the name of the new
New Registered Office Address:	N/A			
New Registered Office Address.			Enter Florida street a	ddress
			. 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

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGF	Roberto Filippelli	4707 140th Ave. N	Add
		Suite 106	Remove
		Clearwater, FL 33762	
MGF	Van H. Lam	4707 140th Ave. N	Add
		Suite 106	Remove
		Clearwater, FL 33762	
			Add
			Remove
			Add
			Remove
			
			Add
			Remove
			Add
	•		Remove

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	July 29th 2013
Dated	
	+8
	Signature of a member or authorized representative of a member Steven P. Le
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00