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## **COVER LETTER**

ŤO:	Registration Division of C	Section orporations		, * * * *	
SUBJE	ECT:	ESTEP	INNOV.	ATTOMS, LLC	
~~~			Name of Lin	nited Liability Company	
The en	closed Articles	of Amendment and	fee(s) are sul	bmitted for filing.	
Please	return all corres	pondence concerni	ng this matter	r to the following:	
			EU	Name of Person	TR.
				Firm/Company	<del></del>
			107	KIWSEY COURT	
		E	VALPA gne	City/State and Zip Code  Lastep @ Valp, net  (to be used for future annual report notifi	325 <i>80</i> -
For fur	ther information	concerning this m	atter, please o	call:	
	EUGENE Name	H. ESTEP	JR.	at (850) 376 - Area Code Daytime	- 8277 Telephone Number
Enclose	ed is a check for	the following amo	ount:		
<b>pa</b> \$2:	5.00 Filing Fee	☐ \$30.00 Fili Certificat	ng Fee & e 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

ESTEP INNOVATIONS, 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 MRCH2B, 2014 and assigned Florida document number <u>L/40005/464</u> .
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
APPLIED TECHNOLOGY GROUP, LLC  The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
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 Confe
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

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Ma AMBR = Au	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
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SECRETARY OF STATE