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COVER LETTER

TO: Registracion Section Division of Corporations	
SUBJECT: ADD TECHNOLOGY 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:	
ANKUR DEEPAK DHAOOTI Name of Person	
ADD TECHNOLOGY LLC.	
1345 north HIGHWAY AIA unit 30	77
INDIALANTIC FL 32903 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
ANKUR DHAOOTT at (321) 372-8848 Name of Person Area Code Daytime Telephone Number	_
Enclosed is a check for the following amount:	
S25.00 Filing Fee S30.00 Filing Fee & S60.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) Certified Co (additional copy is enclosed)	f Status & py
Mailing Address: Street Address:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section **Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ADD TECHNOLO	GY LLC.	2020 / 17 P/: 4: 10
	bility Company as it now appeared a Limited Liability Company)	ors on our records.)
The Articles of Organization for this Limited Liability Florida document number <u>L 2000</u> S	y Company were filed on $\frac{1}{2}$	TUNE 10 2020 and assigned
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the li	imited liability company l	ere:
The new name must be distinguishable and contain the words "I	.imited 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 AD	DRESS)	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>	
B. If amending the registered agent and/or registe agent and/or the new registered office address here	red office address on our 2:	records, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Fla	orida street address
	City	Florida 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = , Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	ANKUR DHADOTI	1345 north highway	EAdd
		AIA unit 307	□Remove
		AIA unit 307 Indialantic FL 3290	Change
			□Add
			🗆 Remove
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an effe ote:	we date, if other than the date of filing: 08/10/2020 (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ent's effective date on the Department of State's records.	07 (3)(b as the
record is file	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the	е
ated_	08/10/2020.	
	Signature of a member or authorized representative of a member	
	ANKUR OHADOTI	

Filing Fee: \$25.00