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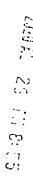
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COVER LETTER

TO: Registration 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 DHADOTI
ADD TECHNOLOGY LLC Firm/Company
1345 NORTH HIGHWAY AIA wil 307
INDIALANTIC FL 32903 City/State and Zip Code
ANKURD HADOTI (a) Umail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ANKUR DHADOTT at 321, 372-8848 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$\text{\$\text{\$\text{\$\text{\$\text{\$\text{Certificate of Status}}}}} = \$\text{\$\
Mailing Address: Registration Section Street Address: Registration Section

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

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

ARTICLES OF AMENDMENT . TO ARTICLES OF ORGANIZATION OF

bility Company as it now appears on our records.)
orida Limited Liability Company) 251 P21 0000 S Florida document number \ 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 contain 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

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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address 2.3 £1. 25 £1. 8: 55	Type of Action
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		AIA UNIT 307	_ □Remove
		INDIALANTIC FL 32903	_ (DChange
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cord specifies a delayed effective date, but not a stiled.	n effective time, at 12:	:01 a.m. on the earl	ier of: (b)	The 90th day aft	ter th
ed $08/24/2020$					
mnotate by a m	ember or authorized repre	esentative of a memb		 	