## KZ1 000347666

| (Requestor's Name) (Address)              |                          |
|---|--------------------------|
| (Address)                                 | 000371765670             |
| (City/State/Zip/Phone #)                  |                          |
| PICK-UP WAIT MAIL                         |                          |
| (Business Entity Name)  (Document Number) | 08/16/2101013002 ++25.00 |
| Certified Copies Certificates of Status   |                          |
| Special Instructions to Filing Officer:   |                          |
|   |                          |
|   |                          |
| Office Use Only S.C.,  C8/25/Q            |                          |

()

## **COVER LETTER**

| TO: Registration So<br>Division of Cor         |  |   |   |
|--|--|---|---|
|  | 4 GLOBAL LLC                                 |   |   |
| SUBJECT:                                       | Name of Lim                                  | ited Liability Company  |   |
| The enclosed Articles of                       | Amendment and fee(s) are sub                 | mitted for filing.  |   |
| Please return all correspo                     | ondence concerning this matter               | to the following:   |   |
|  | LOVETTE DOBSON                               |   |   |
|  |  | Name of Person  | <del></del>   |
|  | INCFILE.COM LLC                              |   |   |
|  |  | Firm/Company  |   |
|  | 17350 STATE HWY 249 S                        | STE 220   |   |
|  |  | Address   | <del></del>   |
|  | HOUSTON, TX 77064                            |   |   |
|  |  | City/State and Zip Code   |   |
|  | EFILE1234@INCFILE.CO                         | M to be used for future annual report not                           | fication)   |
| For further information of                     | concerning this matter, please c             |   | ,   |
| LOVETTE DOBSON                                 |  | 888 462-3453  |   |
| Name c   | of Person                                    |   | e Telephone Number  |
| Enclosed is a check for t                      | he following amount:                         |   | <del>-</del>  |
| ■ \$25.00 Filing Fee                           | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Addre<br>Registration<br>Division of C | Section                                      | Street Address:<br>Registration Se<br>Division of Co                |   |
| P.O. Box 631                                   | 27   | The Centre of   | l'allahassee  |
| Tallahassee,                                   | FL 32314                                     | 2415 N. Monro   | e Street, Suite 810   |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| FINDTE  | ECH GLOBAL LLC   |                         |
|---|--|-------------------------|
| (Name of the Limited Liability<br>(A Florida                      | y Company as it now appears on our records.)<br>Limited Liability Company) | <del></del>             |
| The Articles of Organization for this Limited Liability Co        | ompany were filed on 08/02/2021  | and assigned            |
| Florida document number 1.21000347666                             | _·   |                         |
| This amendment is submitted to amend the following:               |  |                         |
| A. If amending name, enter the new name of the limit              | ted liability company here:  |                         |
| The new name must be distinguishable and contain the words "Limit | ted 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 ADDR.                  | ESS)   | ·                       |
|   |  |                         |
| 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 na                                | me of the new registere |
| agent and/or the new registered office address here:              |  |                         |
| Name of New Registered Agent:                                     |  |                         |
| New Registered Office Address:                                    |  | <u>ais</u>              |
|   | Enter Florida street address   |                         |
| <u></u>   | Florida  | <del></del>             |
|   | 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 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 auucu or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>          | Address                               | Type of Action   |
|--------------|----------------------|---------------------------------------|------------------|
| AMBR         | NAGA MALLESWARI MYLA | 3901 NW 79TH AVE, STE 245 #4655       | □Add             |
|              |                      | MIAMI, FL 33166                       | □Remove          |
|              |                      |                                       | <b>■</b> Change  |
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| ective date, if other than the date effective date is listed, the date must be te: If the date inserted in this block nument's effective date on the Department's | specific and cannot be prior to date of tiling does not meet the applicable statutory | (optional) g or more than 90 days after filing.) Pursuant to 605.02 filing requirements, this date will not be listed |
| cord specifies a delayed effective d<br>s filed.  | ate, but not an effective time, at 12:01  | a.m. on the earlier of: (b) The 90th day after th   |
| ed  | 2021  |   |
| MAN MAL   | lewaii Mula<br>gnature of a member or authorized represen                             |   |