

K22000211417

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

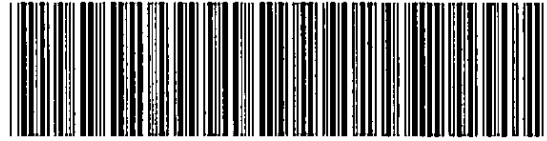
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800388601128

05/31/22--01023--002 **25.00

2022 MAY 31 PM 12:31
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Paxtech Technologies 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:

Jacqueline Quiroga

Name of Person

ZenBusiness INC

Firm/Company

5511 Parkerest Drive STE 103

Address

Austin, Texas, 78731

City/State and Zip Code

fulfillment@zenbusiness.com

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

For further information concerning this matter, please call:

Jacqueline Quiroga c/o ZenBusiness INC

844 493-6249

at (_____) _____

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 Address:

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**

FILED

2022 MAY 31 PM 12: 31

Paxtech Technologies LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 05/04/2022 and assigned Florida document number L22000211417.

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 "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

12724 Gran Bay Parkway West

(Principal office address MUST BE A STREET ADDRESS)

Suite 410 - #0542

Jacksonville, FL 32258

Enter new mailing address, if applicable:

12724 Gran Bay Parkway West

(Mailing address MAY BE A POST OFFICE BOX)

Suite 410 - #0542

Jacksonville, FL 32258

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 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 Changing Registered Agent, Signature of New Registered Agent

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> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-------------------------|-----------------------------|--|
| AMBR | Srinivas Rao Angalkudru | 12724 Gran Bay Parkway West | <input type="checkbox"/> Add |
| | | Suite 410 - #0542 | <input type="checkbox"/> Remove |
| | | Jacksonville, FL 32258 | <input checked="" type="checkbox"/> Change |
| AMBR | Roma Rao Angalkudru | 12724 Gran Bay Parkway West | <input type="checkbox"/> Add |
| | | Suite 410 - #0542 | <input type="checkbox"/> Remove |
| | | Jacksonville, FL 32258 | <input checked="" type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Multiple horizontal lines for amending information.

2022 MAY 31 PM 12:31
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated May 25th 2022

/s/ Srinivas Rao Angalkudru

Signature of a member or authorized representative of a member

Srinivas Rao Angalkudru

Typed or printed name of signee