## L12000047949

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
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## **CQVER LETTER**

	egistration Sec ivision of Corp			
CHRIECT		PRASAD GUDIPATI LLC		
SUBJECT	· •	Name of Limi	ted Liability Company	
The enclos	sed Articles of A	amendment and fee(s) are sub-	mitted for filing.	
Please retu	irn all correspon	dence concerning this matter	to the following:	
		Venkata Prasad Gudipati		
			Name of Person	
		Venkata Prasad Gudipati L	LC	
			Firm/Company	
		12194 Hazelmoor Ct.		
			Address	
		Jacksonville, FL 32258		
			City/State and Zip Code	
		gvprealtor@gmail.com		
		E-mail address: (t	to be used for future annual report notif	ication)
For further	r information co	ncerning this matter, please ca	all:	
Venkata (	Gudipati		904 378 - 6065 at ()	
	Name of	Person	Area Code Daytime	e Telephone Number
Enclosed i	s a check for the	e 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VENKATA PRASAD GUDIPATI LLC.		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our re Liability Company)	cords.)
The Articles of Organization for this Limited Liability Company Florida document number L12000047949	were filed on 04/09/2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
A1 IT SOLUTIONS LLC	С	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "	'LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	9471 BAYMEADOWS R	D. STE #302
Principal office address MUST BE A STREET ADDRESS)	JACKSONVILLE, FL 32256	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	9471 BAYMEADOWS R JACKSONVILLE, FL 322	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.  Name of New Registered Agent:  New Registered Office 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 = M AMBR = A	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
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	"IT Development and Consulting Services"
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eci	ive date, if other than the date of filing: (optional)
	fective 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
	nent's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier $\epsilon$ 90th day after the record is filed.
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Filing Fee: \$25.00