L13000146904

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T. MATTHEWS JAN 12 2022

COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

APRICOT	TECH LLC		
SUBJECT:	Name of Lim	ited Liability Company	
m lach e	A consideration of Control company	usited for Gline	
The enclosed Articles of	Amendment and fee(s) are sub	mined for thing.	
Please return all correspo	indence concerning this matter	to the following:	
	PAWAN KUMAR CHINN	SAPATTALA	
		Name of Person	
	APRICOT TECH LLC		
		Fimi/Company	
	7320 E Fletcher Ave		
		Address	·
	TAMPA, FL - 33637		
		City/State and Zip Code	,
	pawan@apricottechllc.com		
		to be used for future annual report no	dification)
For further information c	oncerning this matter, please c	all:	
Pawan Chinnapattala		813 215-3179 at ()	
Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed is a check for t	he 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 Addres		Street Address:	action
Registration Division of C		Registration S Division of Co	
P.O. Box 632		The Centre of	-

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

APRICOT TECH LLC

22 11 -2 11 3: 16

APRICOT TECH LLC		
(Name of the Limited Liability Compa (A Florida Limited	nv as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 12/02/2013	and assigned
Florida document number L13000166904		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" of	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)		
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter th</u>	ne name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Flor	rida
	City	ida 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>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Raghavender Reddy Grudhanti	7911 N Glen Dr Apt # 3022	= Add
		Irving, TX 75063	□Remove
			□Clange
			□ Add
			Change
			□Remove
			☐ Chunge
			□Remove
			Clunge
			□Remove
			□Change
			□Add
			□Remove
			□Change

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Note: If	the date inserted	than the date of the date must be speed in this block door on the Departme	es not meet the	: applicable sta	of liling or more t	(option han 90 days after til quirements, this d	al) ling.) Pursuant to 605. late will not be liste	.0207 (3) ed as the
ne record s ord is filed		ed effective date,	but not an effe	ective time, at	12:01 a.m. on t	ne earlier of: (b)	The 90th day after	r the
Dated _	Decemb	er 29th	. 20	521				
			_		epresentative of a			

Typed or printed name of signee