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COVER LETTER

Div	ision of Corp	orations					
SUBJECT:	BlueTck Solu	utions LLC					
30Dobe 1.		Name of Lim	ited Liability Company	·· ·			
The enclosed	Articles of A	mendment and fee(s) are sub	mitted for filing.				
Please return	all correspond	dence concerning this matter	to the following:				
		Praveen Setty					
			Name of Person				
		BlueTek Solutions LLC					
Firm/Company							
		1697 Cherry Ridge Drive					
			Address				
		Lake Mary FL 32746					
			City/State and Zip Code		屋組み		
		pkolarg@gmail.com			器里		
			to be used for future annual re	eport notification)	ASSER P 16		
For further in	formation con	ncerning this matter, please ca	all:				
Praveen Sett	y		407 463-	-3196	- F. S. P.		
	Name of I	Person	Area Code	Daytime Telephone Number	- REAL CO.		
Enclosed is a	check for the	following amount:					
■ \$25.00 F	iling Fcc	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	Certificate (Seed) Certified	e of Status &		

MAILING ADDRESS:

TO:

Registration Section

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

BLUETEK SOLUTIONS LLC	
(Name of the Limited Liability Company as it no (A Florida Limited Liability Company)	ow appears on our records.) ompany)
The Articles of Organization for this Limited Liability Company were file Florida document number <u>L14000162912</u> .	ed on 10/16/2014 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability com	pany here:
The new name must be distinguishable and contain the words "Limited Liability Compa	ny," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	उं उ
(Principal office address MUST BE A STREET ADDRESS)	SE T
Enter new mailing address, if applicable:	SECONS PROPERTY.
(Mailing address MAY BE A POST OFFICE BOX)	ORDA ST
B. If amending the registered agent and/or registered office address here:	ress on our records, enter the name of the new
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.

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>	Address	Type of Action
MGR	Sowmya Krishnaswamy	6131 Hedgesparrows Lane	□ Add
		Sanford FL 32771	■ Remove
			Change
MGR	VasanthaLakshmi Krishnaswamy	6131 Hedgesparrows Lane	
		Sanford FL 32771	□ Remove
			☐ Change
			Add
			SS Add Add
			Rejijove
			Change
			Remove
			Change
			Remove
			□ Change

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	date if other than	the date of fil	ina·		(antion:	. 1)	
F. Effective	e date, if other than ive date is listed, the date the date inserted in thi	must be specific	and cannot be prior	to date of filing or m	nore than 90 days after fili	ng.) Pursuan na:11 ==4	t to 605.0
E. Effective					g requirements, this da	ne will not	oe nstea
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Note: If documen If the record (b) The 96	rd specifies a dela Oth day after the i	yed effective record is file	e date, but no	ot an effective t	time, at 12:01 a.n	on the	SEP 16
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