## 114000182556

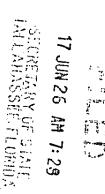
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## **COVER LETTER**

TO: Registration Se Division of Con			
	OLUTIONS 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:	
	AASHIMA		
		Name of Person	
	TEKBIZ SOLUTIONS LL	С	·
	<del></del>	Firm/Company	
	3180 North Jog Road, APT	7#04310	-
		Address	<del></del>
	West Palm Beach, FL, 334	11	
		City/State and Zip Code	
	hr@tckbizsolution.com		
	E-mail address: (	to be used for future annual report notifi	cation)
For further information of	concerning this matter, please ca	all:	
Aashima		701 212-4687	
Name o	of Person	Area Code Daytime	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 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

TEKBIZ SOLUTIONS LLC			
( <u>Name of the Limi</u>	ted Linbility Company as (A Florida Limited Liabilit	t now appears on our records.) y Company)	
The Articles of Organization for this Limited L Florida document number L14000182556	Liability Company were	filed on Nov 25, 2014	and assigned
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name of	of the limited liability o	company here:	
The new name must be distinguishable and contain the	words "Limited Liability Co	mpany," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applic	cable:		
(Principal office address MUST BE A STREI	ET ADDRESS)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE)  B. If amending the registered agent and registered agent and/or the new registered of	l/or registered office	address on our records, o	enter the name of the new
Name of New Registered Agent:	AASHIMA		EF CO.
New Registered Office Address:	3180 North Jog Rd, A		7. Jul
	West Palm Beach	Enter Florida street address , Flori	65 26 January 100 100 100 100 100 100 100 100 100 10
	(	City	Zip Gode
New Registered Agent's Signature, if changing			2
I hereby accept the appointment as registery provisions of all statutes relative to the prop- accept the obligations of my position as reg- being filed to merely reflect a change in the company has been notified in writing of this	per and complete perfo ristered agent as provi registered office addr	ormance of my duties, and d ded for in Chapter 605, F.S	I am familiar with and S. Or, if this document is

Page 1 of 3

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>	Type of Action
AMBR	AASHIMA	3180 North Jog Rd, APT 04310	■ Add
		West Palm Beach, FL, 33411	□ Remove
			Change
AMBR	RAJ SINGH ·	3180 North Jog Rd, APT 04310	
		West Palm Beach, FL, 33411	■ Remove
	•		
			Add
			🗆 Remove
			☐ Change
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ctive date, if other than the da	ite of filing:			(optional)	
effective date is listed, the date must be e: If the date inserted in this block	e specific and cannot be does not meet the	e prior to date of filing applicable statutory	g or more than 90 day filing requirement	s after filing.) Pursuant to ts-this date will not be l	605.02 listed a
ument's effective date on the Depa	artment of State's re	cords.			
•					
ecord specifies a delayed ene 90th day after the record	ffective date, bu	ut not an effecti	ve time, at 12	:01 a.m. on the ea	rlier
ne sour day arear the record	a is med.				
06/23/17 ed	9:00 /	AM			
- `` <u> </u>	<del></del> ,	<del></del> •		350 <b>2</b>	**
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Page 3 of 3

Filing Fee: \$25.00