L15000091410

(Requestor's Name)	_
(Address)	_
(Address)	_
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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COVER LETTER

TO:

Registration Section

Divis	ion of Cor	porations		
1	nkgraph T	echno LLC		
SUBJECT: _	Name of Limited Liability Company			
The enclosed	Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return a	all correspo	ndence concerning this matter	to the following:	
		Apoorv Joshi		
			Name of Person	
		Inkgraph Techno LLC		
			Firm/Company	
		10300 49th Street, STE	425	
			Address	
		Clearwater, Florida 3376	4	
			City/State and Zip Code	
		info@merchantstronghold		
			to be used for future annual report notifi	cation)
For further inf	formation co	oncerning this matter, please ca	all:	
Anushka Jos	hi		617 3377860 at ()	
	Name of	f Person	Area Code Daytime	Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 Fi	ling Fee	S30.00 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)
Reg Divi P.O	ing Addres istration S ision of C . Box 632 ahassee, I	Section orporations 7	Street Address: Registration Sec Division of Corp The Centre of Tallahassee, FL	porations allahassee Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1

Inkgraph Techno LLC		20 m
(Name of the Limit	ted Liability Company as it now appears on our (A Florida Limited Liability Company)	r records.)
The Articles of Organization for this Limited L	iability Company were filed on 05/22/201	5 and assigned
Florida document number L15000091410	·	8
This amendment is submitted to amend the foll	owing:	6
A. If amending name, enter the new name o	f the limited liability company here:	
The new name must be distinguishable and contain the v	words "Limited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	eable:	
(Principal office address MUST BE A STREE	ET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>	
B. If amending the registered agent and/or agent and/or the new registered office addre		, enter the name of the new registered
Name of New Registered Agent:	Anushka Joshi	
New Registered Office Address:		
	Enter Florida stree	t 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>	Address	Type of Action
MGR	Anushka Joshi	24 Arsenal Street, Apt 3B, Watertown MA 02472	■ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change

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Note:	ive date, if other than the date of filing:
e reco rd is f	rd 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 led.
Dated	8/1/20, Jak
	Signature of a member or authorized representative of a member
	Apoorv Joshi
	Typed or printed name of signee

E