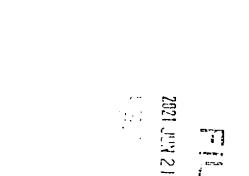
## L17000113176

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## **COVER LETTER**

TO:

**Registration Section** 

Division of	of Corporations		•		
	ATA NETWORKS LLC				
SUBJECT:	Name of I	Limited Liability Company			
	les of Amendment and fee(s) are some some some some some some concerning this mat				
	Mario E. Montero				
		Name of Person		•	
		Firm/Company		2021	
	9581 Fontainebleau Bly	vd Apt305		2 1111	1 w
		Address			, Taran
	Miami, FL 33172		· . <u>.</u>	P# 3:	- we get
	mmontero@cloudteck.ne			, 10,	
For further informa	E-mail addres	ss: (to be used for future annual report noti	fication)		
Mario E Montero	, ·	305 9888916 at ( )			
1	Name of Person		ne Telephone Number	,	_
Enclosed is a check	k for the following amount:				
□ \$25.00 Filing	Fee S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifica Certified	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed	
Divisior P.O. Bo	ition Section  of Corporations	Street Address: Registration Se Division of Cou The Centre of 7 2415 N. Monro	rporations	10	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CEWATA NETWORKS LLC		
(Name of the Limited Liability Com (A Florida Limite	ipany as it now appears on our records.) ed Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Compa	ny were filed on 22/05/17	and assigned
Florida document number L17000113176		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
CLOUDTECK SOLUTIONS LLC		
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2021.
(Principal office address MUST BE A STREET ADDRESS)	<del></del>	(
Principal office duaress Most BE ASTREET ABBRESS,		
		P ) 3 4
		(3) (3) (4)
Enter new mailing address, if applicable:		*
(Mailing address MAY BE A POST OFFICE BOX)		·
B. If amending the registered agent and/or registered office	ce address on our records, <u>enter th</u>	e name of the new reg
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	
	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 we provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this documen 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 or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address		Type of Act
				□Add
				□Remove
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fective date, if other than the date on effective date is listed, the date must be spo	of filing:		(optio	nal)	
n effective date is listed, the date must be specter. If the date inserted in this block do	ecific and cannot be prior to d	ate of filing or more than 9	00 days after	filing.) -date v	Pursuant to 60 will not be lis
cument's effective date on the Departm	nent of State's records.	statutory ming require	mento, tino	duic 1	
ecord specifies a delayed effective date,	, but not an effective time,	at 12:01 a.m. on the ea	rlier of: (b)	) The	90th day aft
is filed.					
June the 18th					
	D) /				
~ 17 /K-	PIRTO	d representative of a men			

Typed or printed name of signee