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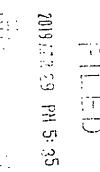
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COVER LETTER.

TO:	Registration Se Division of Cor			
SUBJ	VEDA III. I	LLC		
.11 10.0		Name of Lim	ited Liability Company	
The er	iclosed Articles of	Amendment and feets) are sub-	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		SHELLEY CUNNINGHA	M	
		VEDA III. LLC	Name of Person	
		3221 TAMIAMI TRAIL	Firm/Company	
		PORT CHARLOTTE, FL	Address 33952	
		enabookeeper1@gmail.com	City/State and Zip Code	
		F-mail address: (to be used for future annual report noti	fications
For fu	orther information o	oncerning this matter, please ca	all:	
SHELLEY CUNNINGHAM Name of Person		941 505-8720 at () Area Code Daytim	e Telephone Number	
Enclo	sed is a check for th	ie following amount:		
国 S∃	25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing hee, 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

VEDA III. LLC		
(<u>Name of the Limited Lia</u> (A Flo	ibility Company as it now appears on our records.) orda Lemted Liability Company)	
The Articles of Organization for this Limited Liabilit		and assigned
Piorida document number	 -	
This amendment is submitted to amend the following	ā:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name most be distinguishable and contain the words	Limited Liability Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AL	ODRESS)	
		<u> </u>
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX	2	,
		చ
B. If amending the registered agent and/or registered agent and/or the new registered office:	egistered office address on our records, <u>ent</u> <u>address here</u> :	er the name of the nev
Name of New Registered Agent:		
N. D. C. 1007 A.D.		
New Registered Office Address:	Enter Florida street 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	NANDHEESHA HANUMANTHAPPA	3221 TAMIAMI TRAU.	□ Add
		PORT CHARLOTTE, FL 33952	
			■ Remove
			Change

			□ Remove
			Change
			□ Remove
			☐ Change
			🗆 Ada
			☐ Remove
			Change
			🗆 Add
			☐ Remove
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			□ Remove
			□ Change

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ctive date, if other than the date of fil	ing:		(optional)	
ctive date, if other than the date of fill effective date is listed, the date must be specific at II the date inserted in this block does no	and cannot be prior to date	of filing or more than 90 o	days after filing.) Pursuant to rents, this date will not be I	atiš i ister
iment's effective date on the Department of	of State's records.			
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ecord specifies a delayed effective he 90th day after the record is file	e date, but not an (<mark>d.</mark>	errective time, at 1	.2:01 a.m. on the ear	rlie
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		/ 11 Jets Nk	5 /	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00