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COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

Lambent * SUBJECT:	Fechnologies, LLC.		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	Madhuri Polasa		
		Name of Person	
	Lambent Technologies, LL	.C.	
	<u> </u>	Firm/Company	· · · · · · · · · · · · · · · · · · ·
	5620 E Fowler Ave # E		
		Address	
•	Temple Terrace, FL. 3361	7	
		City/State and Zip Code	· • • · · ·
	polasa@lambentech.com		
		to be used for future annual report noti	fication)
For further information	concerning this matter, please ca	all:	
Madhuri Polasa		571 325-7717 at ()	
Name	of Person		e Telephone Number
Enclosed is a check for	the 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 Addr.		Street Address:	ction
Registration Division of	Section Corporations	Registration Sec Division of Cor	
P.O. Box 63	-	The Centre of T	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lambent Technologies, LLC.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Con	mpany were filed on 09/18/2018	and assigned
Florida document number L18000221926		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE.	SS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	office address on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	SS
		orida Zip Code
	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 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>	Name	Address	Type of Action
CEO	Ranjith Kumar Thota	5620 E Fowler Ave # E	■Add
		Temple Terrace. FL. 33617	□Remove
DMPST	Madhuri Polasa	5620 E Fowler Ave # E	
		Temple Terrace, FL, 33617	(TIN)
			■Change
			□ Add
		 	
	·		
			Remove
			□Change
		-	□Add
			□Remove
			Change
			□Remove
			□Change

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an effective date is listed, the date must be speciote: If the date inserted in this block doe	cific and cannot be	prior to date of fil	ing or more than S	0 days after fill	ing.) Pursuant to 6	05.0207
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record specifies a delayed effective date, l	but not an effecti	ve time, at 12:0	l a.m. on the ea	rlier of: (b)	The 90th day af	ter the
is filed.						
January Sth	2022					
January 5th ated	2023	 ·				
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MADHURI POLASA						