## L2000050806

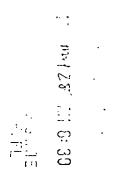
(Requ	estor's Name)	· · · · · · · · · · · · · · · · · · ·
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificate	s of Status
Special Instructions to Fil	ing Officer:	





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05/28/24

## **COVER LETTER**

	Cegistration Se Division of Cor			
SUBJEC	NIVASOF			
SUBJEC			mited Liability Company	<del></del>
The enclo	sed Articles of	Amendment and fee(s) are su	bmitted for filing.	
Please ret	ırn ail correspo	indence concerning this matte	τ to the following:	
		MUTHU MUTHURAJ		
		<u> </u>	Name of Person	<del></del>
		SYNTOLOGIC LLC		
			Firm/Company	<del></del>
		1612 ORSI PL		
			Address	
		MELBOURNE, FL 32904	1	
		<del> </del>	City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
		MUTHU.MUTHURAJ@C		
			(to be used for future annual report notification)	
For further	information co	oncerning this matter, please of	all:	
MUTHU N	/UTHURAJ		385 255-6177 at ()	
	Name of	Person	Area Code Daytime Telepho	ne Number
Enclosed is	a check for the	c 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)
Re Di P.	alling Address: egistration Sovision of Co O. Box 6327 Illahassee, Fl	ection rporations	Street Address: Registration Section Division of Corporation The Centre of Tallahass 2415 N. Monroe Street, Tallahassee, FL 32303	see

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NIVASOFT LLC		
(Name of the Limited Liability (A Florida L	Company as it now appears on our recordinited Liability Company)	is.)
The Articles of Organization for this Limited Liability Con	npany were filed on 2/13/2020	and assigned
lorida document number L20000050806		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limite	d liability company here:	
SYNTOLOGIC LLC		
he 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 ADDRES	<u></u>	<u> </u>
		A.
	<del>-</del>	- 27
nter new mailing address, if applicable:		<u>1</u>
Mailing address MAY BE A POST OFFICE BOX)		- ()
		61 6
. If amending the registered agent and/or registered of gent and/or the new registered office address here:	ffice address on our records, enter	the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
<u></u>		rida
	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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
		<del></del>	□ Change
			□Add
			□Remove
			□Add
			□Remove
			□ Change
			□ Add
			□Remove
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U.L.	ve date, if other than the date of filing:  cotive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 lift the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed and entry's effective date on the Department of State's records.
record	I 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
	AUGUST 29 2024
ated <sup>(</sup>	
ated _	Adlato Tout
ated _	AddutterCont  Signature of a member or authorized representative of a member

Filing Fee: \$25.00