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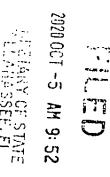
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## COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT.	· FIDROX I	T SOLUTIONS LLC .	
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of Ar	nendment and fee(s) are sub	nitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
	S	AJIMON P. MATHEW	
		Name of Person	
	S	AJ FINANCIAL ELC	
		Firm/Company	
		1569 THETFORD CIR	
	-	Address	
		ORLANDO, FL 32824	
		City/State and Zip Code	-
		saj 1040@yahoo.com to be used for future annual report notif	
For further information con SAJIMON P. I	cerning this matter, please co	all:	2
Name of P	erson	407 319-231 at () Area Code Daytim	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 Address: Registration Se Division of Co P.O. Box 6327 Tallahassee, FL	rporations	Street Address: Registration Seconds of Core The Centre of Table 1997	porations

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	FIDROX IT SOLU	UTIONS LLC		
( <u>Name of the Lim</u>	ited Liability Compa (A Florida Limited	iny as it now appears on Liability Company)	our records.)	<del></del>
The Articles of Organization for this Limited I Florida document number	iability Company	were filed on Feb	ruary 13, 2020	and assigned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liah	oility company here:		
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the design	nation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		368 DANCING WA	TER DR	
(Principal office address MUST BE A STREET ADDRESS)		WINTER SPRINGS	S. FL 32708	
			<del></del>	020
Enter new mailing address, if applicable:		368 DANCING WA	TER DR	00
(Mailing address MAY BE A POST OFFICE BOX)		WINTER SPRINGS	5. FL 32708	- 100 E
				(mg/ 10)
B. If amending the registered agent and/or agent and/or the new registered office addre	***	address on our reco	rds, <u>enter the na</u>	me of the new registered
Name of New Registered Agent:	SAJIMON P. MATHEW			
New Registered Office Address:	1569 THETFO	RD CIR		
		Enter Florida s	street address	
	ORLANDO		Florida _	32824
	<del>-</del>	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	STEBI MON JOSEPH	368 Dancing Water Dr, Winter Springs, FL 32708	\begin{align*} \be
			□Remove
			□Change
MGR	STEBI MON JOSEPH SR.	45 Autumn Breeze Way, Winter Park, FL 32792	□Add
			=Remove
			Change
<del></del>			□Add
			□Remove
		· · · · · · · · · · · · · · · · · · ·	□Change
			608 P
		SS	Change
		-	□ Add
		<del></del>	□Remove
			□ Change
			□Add
			□Remove
			□Change

D. If amending any other inform	nation, enter change(s) here: (Attach additional shee.	ts, if necessary.)
	·····	<del></del>
<del></del>		<u>.                                    </u>
		2020
		OC
		50 - C
		52 52
		<del></del>
E. Effective date, if other than the (If an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	ne date of filing:  must be specific and cannot be prior to date of filing or more than 90 block does not meet the applicable statutory filing requirer Department of State's records.	(optional) days after filing.) Pursuant to 605.0207 (3)(b) nents, this date will not be listed as the
If the record specifies a delayed effect record is filed.	ive date, but not an effective time, at 12:01 a.m. on the ear	lier of: (b) The 90th day after the
Dated	2020	
	- Lahma	
	Signature of a member or authorized representative of a memb	per
	STEBI MON JOSEPH	
	Typed or printed name of signee	<del> </del>