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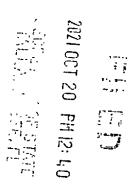
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COVER LETTER

Division of Cor	porations		•
XVITIUS T	ECHNOLOGIES LLC		ч
BJECT:	Name of Lim	ited Liability Company	· · · · · · · · · · · · · · · · · · ·
e enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ndence concerning this matter		
	Sanjay Singh		
		Name of Person	
	XVITIUS TECHNOLOGI	ES LLC	
		Firm/Company	
	510 Kays Landing Dr		
		Address	
	Sanford, FL 32771		
		City/State and Zip Code	
	E-mail address: (to be used for future annual report notifi	ication)
r further information co	oncerning this matter, please ca	all:	
nnjay Singh		at()	314-0771 Telephone Number
Name of	f Person	Area Code Daytime	: Telephone Number
closed is a check for th	e 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

• •

Registration Section

TO:

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FIFED

STATE

XVITIUS TECHNOLOGIES LLC

(Name of the Limited Liability Company as it now appears on our records, 1 CCT 20 Pil |2: 4 | (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability	Company were filed on $\frac{03/02/2020}{1}$	and assigned
Florida document number L20000067780		
This amendment is submitted to amend the following:	:	
A. If amending name, enter the new name of the li	imited liability company here:	
The new name must be distinguishable and contain the words "L	imited 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 ADI	DRESS)	
Enter new mailing address, if applicable:	****	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address:	g:	
	Enter Florida street a	
	City	, Florida
New Registered Agent's Signature, if changing Registe	•	rap Couc
	nt and agree to act in this canacity	I further agree to comply with the

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>	<u>Address</u>	Type of Action
MGR	Krishna Jha	274 Big Spring Ter	
		Sanford, FL 32771	Remove
			□Change
MGR	Brijesh Anghan	326 Bellview Pl	≅Add
		Sanford, FL 32771	□Remove
			□Add
			Remove
			☐ Change
			□Add
			□Remove
			□Change
			□Add
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Effective date, if other than th	e date of filing:		(optional)	
(If an effective date is listed, the date me	ust be specific and cannot be prio	r to date of filing or more tha	an 90 days after filing.) Pursua	nt to 605.0207 (
Note: If the date inserted in this bedocument's effective date on the l			airements, this date will no	t be listed as t
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he record specifies a delayed effecti	va data, but not an effective t	ime at 12:01 a.m. on the	earlier of the The 90th o	lov after the
ord is filed.	ve date, but not an effective	anie, at 12.01 a.m. on me	carner or (b) The your	my unce the
September 27th Dated	2021			
		·		
	- <i>7</i> *			
	English .			
	Tunature of a member or auth	norized representative of a n	nember	

Filing Fee: \$25.00