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	Registration Se Division of Cor					
SUBJEC		ARE SOLUTIONS PROVIDE	R LEC .	e ⁱ		
SUBJEC	· I ·	Name of Lim	ited Liability Company			
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please re	turn all correspo	ondence concerning this matter	to the following:			
		Sruthi Durshanpally				
			Name of Person			
		JT SOFTWARE SOLUTION	ONS PROVIDER LLC			
Firm/Company						
		4231 Crownwood Dr				
			Address			
		Jacksonviile FL 32216				
			City/State and Zip Code			
		rajeevkumarramadugu@gm	to be used for future annual	Lreport notificati	ion)	
For furth	er information c	oncerning this matter, please c			,	
Sruthi D	urshanpally			05726		·
	Name o	f Person	at () Area Code	Daytime Tel	lephone Number	
Enclosed	is a check for the	ne following amount:				:
■ \$25.0	00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee Certified Copy (additional copy is en		S60.00 Filing F Certificate of S Certified Copy radditional copy is	Status & C
	Mailing Addres Registration S		<u>Street A</u> Registr	address: ration Sectio	n	
	Division of C	orporations	Divisio	on of Corpora	ations	
	P.O. Box 632	7	The Co	entre of Talla	shaccee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

TO ARTICLES OF ORGANIZATION OF

JT SOFTWARE SOLUTIONS PROVIDER 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 Liabilit	v Company	were filed on $\frac{06/03/3}{2}$	2020	and assigne
Florida document number L20000150528	<u>-</u> -			
This amendment is submitted to amend the following	: :			
A. If amending name, enter the new name of the l	imited liabi	lity company here:		
The new name must be distinguishable and contain the words	Limited Liabili	ty Company," the design	nation "LLC" or the ab	breviation "L.L.C.
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET AD	DRESS)			
Enter new mailing address, if applicable:				<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	<u>!</u>			رع <u>.</u> نت
B. If amending the registered agent and/or registe	wad affias a	ddwaec an ann magair	ede antar tha nam	o of the new re-
agent and/or the new registered affice address her		udress on our recor	us, enter the han	e or the new re
				()
Name of New Registered Agent:				
New Registered Office Address:				
New Registered Confee Pladiess.		Enter Florida s	treet address	
			, Florida	
		City		Zip Code
New Registered Agent's Signature, if changing Register	ered Agent:			
I hereby accept the appointment as registered age provisions of all statutes relative to the proper an accept the obligations of my position as registered being filed to merely reflect a change in the regist company has been notified in writing of this change	d complete _l d agent as p vered office (performance of my rovided for in Chaj	duties, and I am f oter 605, F.S. Or.	amiliar with ar if this documer

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Act
MGR	Sruthi Durshanpally	4231 Crownwood Dr, Jacksonville Fl. 32216	= Add
			□Remove
			□Change
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ffective date, if other than the date of filing an effective date is listed, the date must be specific and stote: If the date inserted in this block does not not more approximately a fective date on the Department of Stotes.	et the applicable statutory	or more than 90 days after filing requirements, this	nal) filing.) Pursuant to 60 date will not be lis
e record specifies a delayed effective of The 90th day after the record is filed.	ite, but not an effecti	ve time, at 12:01 a	.m. on the earl
Dated	·		
Srethi			
Signature of a	ember or authorized represen-	lative of a member	