## 121000086076

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## **COVER LETTER**

|                 | Registratio<br>Division of | n Section<br>Corporations  |                                  |  |  |  |
|-----------------|----------------------------|--|----------------------------------|--|--|--|
| SUBJEC          |                            | ESS AUTOMATION SYSTEM SOL  | UTIONS ML LLC                    |  |  |  |
| SUBJEC          | /li                        | Name of Limite   | d Liability Company              |  |  |  |
| The encl        | osed Article               | s of Amendment and fec(s) are submi  | itted for filing.                |  |  |  |
| Please re       | turn all corr              | espondence concerning this matter to   | the following:                   |  |  |  |
|                 |                            | VASANTHA K CHELLAM   | MA                               |  |  |  |
|                 |                            | Corporations  ESS AUTOMATION SYSTEM SOLUTIONS ML LLC  Name of Limited Liability Company  s of Amendment and fec(s) are submitted for filing.  espondence concerning this matter to the following:  VASANTHA K CHELLAMMA  Name of Person  Firm/Company  2341 MCGEE CT  Address  WESTLAND, MICHIGAN 48186  City/State and Zip Code  panirudhanprem@gmail.com  E-nail address: (to be used for future annual report notification) on concerning this matter, please call:  JDHAN PREMKUMAR  at (734 925-3344 at (734 Daytime Telephone Number)  For the following amount:  c S 330.00 Filing Fee & Certificate of Status  Certificate of Status  Certificate Copy (additional copy is enclosed) |                                  |  |  |  |
|                 | Firm/Company               |  |                                  |  |  |  |
| 2341 MCGEE CT   |                            |  |                                  |  |  |  |
|                 |                            | Address  |                                  |  |  |  |
|                 | WESTLAND, MICHIGAN 48186   |  |                                  |  |  |  |
|                 |                            |  | City/State and Zip Code          |  |  |  |
|                 |                            |  |                                  |  |  |  |
|                 |                            | E-mail address: (to  | be used for future annual report | notification)                          |  |  |
| For furth       | er informati               | on concerning this matter, please call   | :                                |  |  |  |
| PRASA:          | NTH ANIR                   | UDHAN PREMKUMAR  |                                  |  |  |  |
|                 | Na                         | me of Person   |                                  | rtime Telephone Number                 |  |  |
| Enclosed        | l is a check t             | for the following amount:  |                                  |  |  |  |
| <b>□ \$</b> 25. | 00 Filing Fe               | te SY\$30.00 Filing Fee &  | Certified Copy                   | Certificate of Status & Certified Copy |  |  |
|                 | Mailing Ad                 | dress:   | Street Address                   |  |  |  |

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

DROCTES ATTOMATION SVETSMEDITIONS METERS

| (Name of the Limite  | d Liability Comp.<br>A Florida Limited | ny as it now appears on our records.  ability Company) | )                 | <del></del> |                  |
|--|--|--|-------------------|-------------|------------------|
| The Articles of Organization for this Limited Lia Florida document number <u>L21000086076</u>                              | ibility Company                        | were filed on 02-22-2021                               | ;                 | and assig   | med              |
| This amendment is submitted to amend the follo   | wing:                                  |  |                   |             |                  |
| A. If amending name, enter the new name of   | the limited liab                       | ility company here:                                    |                   |             |                  |
| The new name must be distinguishable and contain the we  | ords "Limited Liabi                    | lity Company," the designation "LLC"                   | or the abbrevia   | tion "L.L.  | C."              |
| Enter new principal offices address, if applicable:  |  | 2341 MCGEE CT  |                   | 2           | 2                |
| (Principal office address MUST BE A STREE)   | (ADDRESS)                              | WESTGAGE   |                   | ر<br>د      | į iš             |
|  |  | MICHIGAN 48186   |                   | ,==<br>     | <u>₹</u> 2       |
| Enter new mailing address, if applicable:  |  | 3555 SOUTHERN CROSS LOC                                | )P                | 음<br>양      | 5 CO2            |
| (Mailing address MAY BE A POST OFFICE BOX)   |  | KISSIMMEE  |                   | ယ           | <u> </u>         |
|  |  | FL 34744   |                   | 13          | <br>             |
| B. If amending the registered agent and/or reagent and/or the new registered office address  Name of New Registered Agent: | s here:                                | address on our records, <u>enter ti</u><br>CCHELLAMMA  | he name of t      | the new     | <u>registe</u> i |
|  | 3555 SOUTHE                            | RN CROSS LOOP  |                   |             |                  |
| New Registered Office Address:   | Enter Florida street address           |  |                   |             |                  |
|  | KISSIMMEE                              | Flor   | rida <u>34744</u> |             |                  |
|  |  | City , F101  | 77                | p 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   |
|--------------|---------------------------------------|--------------------------|--|
| AMBR         | PRASANTH ANIRUDHAN PREM               | 10105 WESTSIDE PKWY #123 |  |
|              |                                       | ALPHARETTA               | ■ Remove   |
|              |                                       | GA 30009                 | □ Change   |
| AMBR         | VASANTHA K CHELLAMMA                  | 2341 MCGEE CT            | DIVISING SECTION OF SE |
|              |                                       | WESTLAND                 | DRemove:   |
|              |                                       | MICHIGAN 48186           | ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐  |
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| Note: If the date inserted in this block document's effective date on the Depa | specific and cannot be prior to date of filing does not meet the applicable statutory rtment of State's records. | (optional) g or more than 90 days after filing.) Pursuan y filing requirements, this date will not a.m. on the earlier of: (b) The 90th d | be listed as the                       |
| rd is filed.   |  |   |  |
| Dated  | 2022   |   |  |
|  | (N)  |   |  |
| Sis  | nature of a fnember or authorized represen   | ntative of a member   |  |