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JECHETARY OF STATE OF STATE OF CORPORATION OF CORPORATION

T. MATTHEWS
JUL 19 2022

## **COVER LETTER**

| CUD IECT.  |                 | ns, LLC                         |                                       |  |
|--|-----------------|---------------------------------|---------------------------------------|--|
| SORTECT:   |                 | Name of Limit                   | ed Liability Company                  |  |
| The enclosed   | d Articles of A | mendment and fee(s) are subn    | nitted for filing.                    |  |
| Please return  | all correspon   | dence concerning this matter t  | o the following:                      |  |
|  |                 | Sujata Balulad                  |                                       |  |
|  |                 |                                 | Name of Person                        |  |
|  |                 | Abir Solutions, LLC             |                                       |  |
| Division of Corporations  SUBJECT: Abir Solutions, LLC  Name of Limited Liability Company  The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:  Sujata Balulad  Name of Person  Abir Solutions, LLC  Firm/Company  1095 Highway A1A, Unit 2201  Address  Satellite Beach, FL 32937  City/State and Zip Code  sbalulad@yahoo.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Sujata Balulad  Name of Person  Table 2525.00 Filing Fee  S25.00 Filing Fee  Certificate of Status  S55.00 Filing Fee & Certified Copy  Certified Copy |                 |                                 |                                       |  |
|  |                 |                                 |                                       |  |
|  |                 |                                 | Address                               |  |
|  |                 | Satellite Beach, FL 32937       |                                       |  |
|  |                 |                                 | City/State and Zip Code               |  |
|  |                 | <del>-</del> -                  |                                       |  |
|  |                 | E-mail address: (t              | o be used for future annual report no | itification)                           |
| For further i  | nformation co   | ncerning this matter, please ca | 11:                                   |  |
| Sujata Balu  | lad             |                                 |                                       | _                                      |
|  | Name of         | Person                          | Area Code Dayti                       | me Telephone Number                    |
|  |                 |                                 |                                       |  |
| Enclosed is  | a check for the | e following amount:             |                                       |  |
| ■ \$25.00  | Filing Fee      | <del>-</del>                    | Certified Copy                        | Certificate of Status & Certified Copy |

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallabassas El 20214

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

22 MAY 20 PM 3: 28

ABIR SOLUTIONS, 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 Liability Co       | ompany were filed on March 29, 2021               | and assigned               |
|--|---|----------------------------|
| Florida document number L21000144367                             |   |                            |
|  |   |                            |
| A. If amending name, enter the new name of the limi              | ted liability company here:                       |                            |
| The new name must be distinguishable and contain the words "Limi | ited 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 ADDR                  | (ESS)   | <del></del>                |
|  |   |                            |
| Enter new mailing address, if applicable:                        |   |                            |
| (Mailing address MAY BE A POST OFFICE BOX)                       |   |                            |
|  |   | 6.0                        |
| 0 0 0  | 1 office address on our records, <u>enter the</u> | name of the new registered |
|  |   |                            |
| Name of New Registered Agent:                                    | <del></del>                                       | <del> </del>               |
| New Registered Office Address:                                   | Fintar Florido straat address                     |                            |
|  |   |                            |
|  | , Florid  | 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 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          | Anisha Menashi | 1095 Highway A1A           | □ Add           |
|              |                | Unit 2201                  | <b>≅</b> Remove |
|              |                | Satelliete Beach, FL 32937 | □Change         |
| MGR          | Sujata Balulad | 1095 Highway A1A           | <b>-</b>        |
|              |                | Unit 2201                  | _               |
|              |                | Satelliete Beach, FL 32937 | <b>5</b> .0     |
|              |                |                            | □ Add           |
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| n efi<br><u>ite:</u> | ive date, if other than the date of filing:   |
|                      | d 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 led.   |
| ted                  | C-17-2022   |
|                      | Signature of a member or authorized representative of a member  |
|                      | Signature of a member of authorized representative of a member  Signature of a member of authorized representative of a member of a member of authorized representative of a member of |
|                      |   |