K21000203374

(Reques	tor's Name)
(Address	5)
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COVER LETTER

TO:

TO: Registration Division of C			
SATYAI			
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	spondence concerning this matter	to the following:	
	LOVETTE DOBSON		
		Name of Person	
	INCFILE.COM LLC		
		Firm/Company	
	17350 STATE HWY 249	STE 220	
		Address	
	HOUSTON, TX 77064		
	EFILE1234@INCFILE.CO	City/State and Zip Code	
		to be used for future annual report notif	ication)
For further informatio	n concerning this matter, please c	all:	
LOVETTE DOBSON		888 462-3453	
Nam	e of Person	Area Code Daytime	Telephone Number
Enclosed is a check fo	r the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
P.O. Box 6	n Section Corporations	Street Address: Registration Sec Division of Corp The Centre of T 2415 N. Monroe Tallahassee, FL	porations allahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

21 JUN 21 PH 1: 35

SATYAFL LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(1110)	raa Emiliea Emonity Company)	
The Articles of Organization for this Limited Liability Florida document number <u>L21000203374</u>	Company were filed on 05/03/2	021 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the design	ation "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	red office address on our record:	ds, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida st	reet address
		, Florida
	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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	lanager Authorized Member	Address H21 PH 1: 35	
<u>Title</u>	<u>Name</u>	Address H 21 PH 1: 35	Type of Action
AMBR	Swapna Putta	10 Dels Way	□Add
		Braintree, MA 02184	= Remove
			Change
			□Add
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			□Change
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		21 JUN 21 PH 1: 35	5
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Effective date, if other than the first of the date in the date in this document's effective date on the	oust be specific and cannot be prior to date of fi block does not meet the applicable statute	(optional) ling or more than 90 days after filing.) Pursuant ory filing requirements, this date will not	t to 605.0207 (be listed as (
e record specifies a delayed effect d is filed.	ive date, but not an effective time, at 12:0	01 a.m. on the earlier of: (b) The 90th da	ay after the
Dated June 8	2021		
Rah	Signature of a member or authorized repre-	sentative of a member	
Rakshith Gadam			
	Typed or printed name of	signee	