L21000297368

(Red	uestor's Name)	
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(City	//State/Zip/Phone	e #)
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PICK-UP	MAIT	MAIL
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A. BUTLER
DEC 3 2021

COVER LETTER

	stration Section sion of Corporations		•			
SUBJECT:	MX2 HOLDINGS LLC					
5000000		Name of Limited Liability Company	y			
The enclosed	Articles of Amendment and	f fee(s) are submitted for filing.	<u>:</u>			
Please return	all correspondence concern	ing this matter to the following:				
	SANTOSH	GOVINDARAJU				
		Name of Persor	n			
		Firm/Company	<u> </u>			
	4923 W CY	PRESS ST				
		Address				
	TAMPA. F	TAMPA, FL 33607				
	santosh@cor	City/State and Zip C nvergenteap.com	Code			
	=	i-mail address: (to be used for future ar	nnual report notification)			
For further in	formation concerning this n	natter, please call:				
Meridian Par	tners Law P.A.	813 at (443-5260			
•	Name of Person	Area Code	Daytime Telephone Number			
Enclosed is a	check for the following am	ount:				
≡ \$25.00 F		ling Fee & S55.00 Filing te of Status. Certified Cop (additional copy)	oy Certificate of Status			

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

MX2 HOLDINGS LLC

2021 NOV 15 PM 2: 32

(Name of the Lim	ited Liability Company as (A Florida Limited Liabil	it now appear ity Company)	<u>irs on our</u> -	records.)	JJ: ST/77
The Articles of Organization for this Limited I Florida document number L21000297368	Liability Company wer	e filed on <u>J</u>	UNE 28, 1	2021	and assign
This amendment is submitted to amend the fol					
A. If amending name, enter the new name	of the limited liability	company h	ere:		
The new name must be distinguishable and contain the	words "Limited Liability C	ompany," the	designatio	n "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:				
(Principal office address MUST BE A STRE	ET ADDRESS)				
		<u></u>	•		
Enter new mailing address, if applicable:	<u></u>				
(Mailing address MAY BE A POST OFFICE	BOX)				
				·-	
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office addr ss here:	ess on our i	records,	enter the na	me of the new registere
Name of New Registered Agent:	SANTOSH GOVIN	DARAJU		_	····
New Registered Office Address:	4923 W CYPRESS	STREET			
		Enter Flo	rida street	address	
	TAMPA			, 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 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	DANIEL REARDON	341 W 24TH ST, SUITE 5A	
		NEW YORK, NY 10011	≅Remove
			□Change
MGR	DANIEL REARDON	341 W 24TH ST, SUITE 5A	Add
		NEW YORK, NY 10011	□Remove
			□Change
MGR	SANTOSH GOVINDARAJU	4923 W CYPRESS ST	bbb.
		TAMPA, FL 33607	□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
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an effect <u>'ote:</u> If	e date, if other than the date of filing:
is filed	
ited	November 5 Josh
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	Signature of a member or authorized representative of a member

Filing Fee: \$25.00