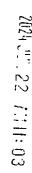
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COVER LETTER

TO:

	gistration Se vision of Cor			
	ICLOUD L			
SUBJEC1:		Name of Lim	ited Liability Company	
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retur	n all correspo	ndence concerning this matter	to the following:	
		KANTHALU, RAMESH		
			Name of Person	· · · · · · · · · · · · · · · · · · ·
		ICLOUD LLC		
			Fim/Company	
		11460 BURGUNDY DR		
			Address	
		VENICE, FL 34293		
		······································	City/State and Zip Code	
		RKANTHALU@GMAIL.C	СОМ	
		E-mail address: (to be used for future annual report no	tification)
For further i	information c	oncerning this matter, please c	all:	
KANTHAI	LU, RAMESI	1	214 282-1657	
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is	a check for th	ne following amount:		
\$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ailing Addres		Street Address:	oution
	gistration S vision of C	section orporations	Registration Se Division of Co	
	O. Box 632	=	The Centre of	Tallahassee
Ta	llahassee, I	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2024 211 22 7511:03

ICLOUD LLC

ICLOUD LLC			771 00
(Name of the Lim	ited Liability Compar (A Florida Linuted L	y as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited 1 Florida document number L21000357435	Liability Company		and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liabi	lity company here:	
The new name must be distinguishable and contain the	words "Limited Liabili	ty Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:	· navi		
Mailing address MAY BE A POST OFFICE	<u>: BUX)</u>		
B. If amending the registered agent and/or agent and/or agent and/or the new registered office addre		ddress on our records, <u>enter th</u>	e name of the new registe
Name of New Registered Agent:	KANTHALU, S	SHIV	
New Registered Office Address:		Provide the state of the state	
		Enter Florida street address	
		, Flori	da Zip Code
		CHY	rap 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>	Name	Address	Type of Action
AMBR	KANTHALU, RAMESH	11460 BURGUNDY DR VENICE FLORIDA 34923	3 □Add
			= Remove
			□Change
MGR	KANTHALU, RAMESH	11460 BURGUNDY DR VENICE FLORIDA 34923	B □∧dd
			🛱 Remove
			□Change
AMBR	KANTHALU, SHIV	11460 BURGUNDY DR VENICE FLORIDA 34923	3 ■ Add
			□Remove
			□Change
MGR	KANTHALU, SHIV	11460 BURGUNDY DR VENICE FLORIDA 34923	; ≘ Add
			□Remove
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			□Add
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