L22000027812

(Requestor's Name)	
(Address)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Dusiness Enaly Marie)	
(Document Number)	
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COVER LETTER

Registration Section

TO:

Division of Corp	orations		
BlueDog Tec	ch LLC		
SUBJECT:	Name of Limit	ed Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspor	ndence concerning this matter t	o the following:	
	Faisal Jiwani		
		Name of Person	
		Firm/Company	
	6819 Crumpler Blvd Ste 10	00	
		Address	
	Olive Branch, MS 38654		s 20
	ffjiwani@youraccountingad	City/State and Zip Code visor.com	2022 NAR -7 257/12/33
	E-mail address: (to be used for future annual report notification)	
For further information co	oncerning this matter, please ca	all:	
Faisal Jiwani		662 895-1177 at ()	
Name o	f Person	Area Code Daytime Telephon	e Number ¹ i.i Co
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addre</u> Registration		Street Address: Registration Section	
Division of C P.O. Box 633		Division of Corporation The Centre of Tallahass	
Tallahassee,		2415 N. Monroe Street,	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

BlueDog Tech LLC

company has been notified in writing of this change.

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

(A Florida Limited is		
	Glad on 01/12/2022	and assigned
e Articles of Organization for this Limited Liability Company v	vere filed off	F 150
orida document number L22000027812		
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liabi	lity company nere.	
	the designation "LLC"	or the abbreviation "L.L.C."
he new name must be distinguishable and contain the words "Limited Liabil	ity Company. the designation	
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
Principal office dauress MOST ALL		
t amplicable		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		• .
B. If amending the registered agent and/or registered office	address on our records, enter	the name of the new registor
B. If amending the registered agent and/or registered agent and/or the new registered office address here:		
agent and/or the new		
Name of New Registered Agent:		
-		
New Registered Office Address:	Enter Florida street addr	ess
	, i	Florida Zip Code
	City	Σφ coac
New Registered Agent's Signature, if changing Registered Age	nt:	1
New Registered Agent's Signature, if changing Registered agent and a libereby accept the appointment as registered agent and a libereby accept the appointment as registered agent and completive to the proper and complet	gree to act in this capacity. $I_{ m J}$	further agree to comply will
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and complete provision of all statutes relative to the proper and complete provision as registered agent of the provision as registered agent and a provision as registered agent agen	ete performance of my duties,	and I am Jamiliar with and 5 FS Or if this document
provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent of	as provided for in Chapter 60.	that the limited liability
accept the obligations of my position as registered agent of being filed to merely reflect a change in the registered off	ice adaress, i hereby corgi	
t t an matified 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	Karthik Dega	77 AMALURRA TRLST JOHNS, FL 32259	= Add
		□Remove	
		Change	
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			□Change

		
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<u></u>		
an effecti Note: If i	tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant the date inserted in this block does not meet the applicable statutory filing requirements, this date will not but s effective date on the Department of State's records.	
record s	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day d.	after the
	March 2 . 2022.	
Dated		
Dated		
Dated	Signature of a member or authorized representative of a member	