## L22000072695

(Re	equestor's Name)
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PICK-UP	☐ WAIT ☐ MAIL
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(Bu	usiness Entity Name)
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Certified Copies	Certificates of Status
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Special Instructions to	Filing Officer:
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Office Use Only



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## **COVER LETTER**

Division of Corporations

SUBJECT: MAYUKTHA IT 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:

SUNIL RAMCHANDANI

Name of Person

Firm/Company

241 SOUTH STATE RD 7

Address

PLANTATION, FL 33317

City/State and Zip Code :

Enclosed is a check for the following amount:

Name of Person

For further information concerning this matter, please call:

**■ \$**25.00 Filing Fee

KARTHIK KATTA

TO:

Registration Section

☐ \$30.00 Filing Fee & Certificate of Status

AHSBIZ@GMAIL.COM

☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)

E-mail address: (to be used for future annual report notification)

☐ \$60.00 Filing Fee.
Certificate of Status &
Certified Copy
(additional copy is enclosed)

**Mailing Address:** 

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

at (954 ) 584-2088 | Daytime Telephone Number

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

MAYI	IKTHA	IT SOLLI'	TIONS LLC

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

	(A Clonda Ellintea	Claumity Company)			
The Articles of Organization for this Limited L Florida document number L22000072695	iability Company	were filed on FEE	BRUARY 14, 2022	and assigned	
This amendment is submitted to amend the following	lowing:				
A. If amending name, enter the new name of	of the limited liab	ility company her	re:		
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the de	signation "LLC" or the abbr	eviation "L.L.C."	
Enter new principal offices address, if applicable:		6750 N ANDRE	WS AVE #200		
	Principal office address MUST BE A STREET ADDRESS)		FORT LAUDERDALE, FL 33309		
Enter new mailing address, if applicable:  [Mailing address MAY BE A POST OFFICE BOX]		6750 N ANDRE	WS AVE #200 DALE, FL 33309	· · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office : ess here:	address on our re	cords, <u>enter the name</u>	of the new registered	
Name of New Registered Agent:	red Agent: KARTHIK KA			<del></del>	
New Registered Office Address: 6750 N ANDREWS AVE #200					
	Enter Florida street address				
	FORT LAUDE	RDALE	, Florida _ <sup>3330</sup>	9	
		City	<del></del>	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.

Kartuk Katta

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>	<u>Address</u>	Type of Action
MGR	SUNIL RAMCHADANI	251 S STATE RD 7	
		PLANTATION, FL 33317	<b>≡</b> Remove
			☐ Change
MGR	KARTHIK KATTA	6750 N ANDREWS AVE #200	<b>=</b> Add
		FORT LAUDERDALE, FL 33309	□Remove
			□Remove
			☐ Change
	<del></del>	· · · · · · · · · · · · · · · · · · ·	□ Add
			Remove
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If amendi	ing any other inforn	ation, enter (	change(s) her	e: (Attach ad	ditional sheets,	if necessary.)	
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Note: If t	date, if other than the date is listed, the date in he date inserted in this 's effective date on the	block does not	meet the applic	able statutory:	or more than 90 day	( <b>optional)</b> s after filing.) Purst ts, this date will n	uant to 605.0207 ( ot be listed as (
ne record spord is filed.	pecifies a delayed effec	tive date, but no	t an effective t	ime, at 12:01 a	m. on the earlier	of: (b) The 90th	day after the
Dated NO	OVEMBER 2		, 2023	·			
		1/ 1	1	100			

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