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(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO:

TO: Registration S Division of Co			•
	ECHNOLOGIES LLC		
SUBJECT:	Name of Lin	nited Liability Company	11.1
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Ramya Krishna Kommine	ni	
		Name of Person	
	ANVIK TECHNOLOGIE	S LLC	
		Firm/Company	
	8866 Ivy Stark Blvd		
	-	Address	
	Wesley chapel, FL-33545		
		City/State and Zip Code	
	anvikmadala@gmail.com		
For further information of	n-mail address: (concerning this matter, please c	to be used for future annual report not all:	affication)
Suresh Babu Madala		813 966-6707 at ()	
Name (of Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for t	he 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)
Mailing Addres		Street Address:	
Registration : Division of C		Registration So Division of Co	
P.O. Box 632		The Centre of	•
Tallahassee,	FL 32314	2415 N. Monro	be Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ANVIK TECHNOLOGIES LLC		
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L22000172963</u>	were filed on <u>04/11/2022</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
FUSION SPHERE LLC		
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:	8866 IVY STARK BLVD, Wesley Cha	ipel,FL-33545
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	ddress on our records, enter the nan	
Name of New Registered Agent: New Registered Office Address:	Emer Florida street address , Florid a	2014 7 7 2 0
	Cuy	Zip C <u>o</u> dy
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and I am rovided for in Chapter 605, F.S. Or,	familiar with and if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
		Change	
			□ Add
			Remove
			□ Change
			□Remove
			☐ Change
		□Add	
		□Remove	
		☐ Change	
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			□Remove

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(If an effi Note:	ve date, if other than the date of filing:
he record ord is fil	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated .	08/16/2024
	K D
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00