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COVER LETTER

Registration Section

Division of Corporations

TO:

	ologies LLC						
SUBJECT:	Name of Limited Liability Company						
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.					
Please return all correspo	ondence concerning this matter	to the following:					
	Hari Hara Phani Varma Na	udimpalli					
Name of Person							
		Firm/Company					
	04						
	Tampa, FL 33647	. •					
	a4steck@gmail.com		973 J 20				
	E-mail address: (to be used for future annual report notification)	: 20				
For further information c	oncerning this matter, please c	all:					
Hari Nadimpalli		561 5735856	Number CO				
Name o	if Person	Area Code Daytime Telephone	Number Tin				
Enclosed is a check for the	he following amount:						
☐ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	Certified Copy C (additional copy is enclosed) C	60.00 Filing Fee, fertificate of Status & fertified Copy additional copy is enclosed)				
Mailing Addres Registration		Street Address: Registration Section					
Registration Section Division of Corporations		Division of Corporations					
P.O. Box 632		The Centre of Tallahasse					
Tallahassee, l	FL 32314	2415 N. Monroe Street, S	suite \$10				

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A4S Technologies LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{07/06/2022}{1}$ and assigned Florida document number 1.22000330095 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _, Florida ___

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
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		Tampa, FL 33647	■Remove
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