## L23000039603

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(Address)
(Address)
,
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## **COVER LETTER**

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TO:

TO: Registration Se Division of Co				
OUD ID OR	SOLUTIONS LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspondence	ondence concerning this matter	to the following:		
	VIJAYAKIRAN VANTH	ENAPALLI		
		Name of Person		
	K3 INFO SOLUTIONS L	LC		
		Firm/Company		
	17931 BAHAMA ISLE CI	IR .		
		Address		
	TAMPA, FL 33647			
	<del>- ' </del>	City/State and Zip Code		
	RADHA@PROFITSANDO			
	E-mail address: (	to be used for future annual report notification)		
For further information of	concerning this matter, please co	all:		
VIJAYAKIRAN VANT	HENAPALLI	at (813) 417 9157		
Name o	of Person	Area Code Daytime 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 & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)		
Mailing Address Registration		Street Address: Registration Section		
Division of C	Corporations	Division of Corporations		
	P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810			
i allallassee, .	I L J4314	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

K3 INFO SOLUTIONS LLC		2023 APR 24 AH 7: 33
(Name of the Limi	ted Liability Company as it now app (A Florida Limited Liability Compan	rears on our records.)
The Articles of Organization for this Limited L Florida document number L23000039603		
This amendment is submitted to amend the foli	lowing:	
A. If amending name, enter the new name o	of the limited liability company	here:
The new name must be distinguishable and contain the		ne designation "LLC" or 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: Mailing address MAY BE A POST OFFICE	BOX)	
3. If amending the registered agent and/or agent and/or the new registered office addre	Ç.	r records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	VIJAYAKIRAN VANTHENA	PALLI
New Registered Office Address:	17931 BAHAMA ISLE CIR	
	Enter l	lorida street address
	ТАМРА	, Florida 33647
	City:	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.

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	SUDEER VANTHENAPALLI	17931 BAHAMA ISLE CIR	
		TAMPA, FL 33647	≣Remove
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Constine date if other than t	04/1	9/2023	/	
Effective date, if other than the first of the date is listed, the date is listed.	ust be specific and cannot	be prior to date of filin	g or more than 90 days a	Rer filing.) Pursuant to 605.020
<b>Note:</b> If the date inserted in this	block does not meet the	e applicable statutory	y filing requirements, t	this date will not be listed as
document's effective date on the	Department of State's r	ecords.		
e record specifies a delayed effect rd is filed.	ive date, but not an effe	ective time, at 12:01	a.m. on the earlier of:	(b) The 90th day after the
ra is frica.				
April 19th	2023	3		
Dated April 19th		· · ·		
	, n. cho	: , \/		
	Signature of a member	or authorized represent	stative of a member	
	Signature of a member	or aumorized represer	native of a member	
VIJAYAKIRAN VAI	√THENAPALLI			
		or printed name of sig		

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