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Registration Section

TO:

Divi	ision of Cor	porations			
elib ileete.	Amazing T	echies LLC			
SUBJECT:		Name of Lim	ited Liability Company		
		Amendment and fee(s) are sub	-		
		Bhaskar Divvela			
			Name of Person		
		Amazing Techies LLC			
		<u></u>	Firm'Company	22	
		5028 LINDION CT			
		-	Address		
		Jacksonville FL 32257		, () () () () () () () () () (
		• • • • • • • • • • • • • • • • • • • •	City/State and Zip Code		
		divvela@gmail.com			
			to be used for future annual report notification)		
For further in	formation co	oncerning this matter, please ea	all:		
Bhaskar Divy	ecla		904 4014137 at ()		
	Name of	Person	Area Code Daytime Telephone	Number	
Enclosed is a	check for th	e following amount:			
□ \$25,00 Fi	iling Fee	■ \$30.00 Filing Fee & Certificate of Status	Certified Copy C (additional copy is enclosed) C	0.00 Filing Fee, fertificate of Status & ertified Copy additional copy is enclosed)	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327		Section orporations	Street Address: Registration Section Division of Corporations The Centre of Tallahasse		
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Amazing Techies 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 3/23/2023 _____ and assigned Florida document number $\frac{1.23000149071}{1.23000149071}$ 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 "LLC." 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.

City

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
AMBR	Swathi Divvela	5028 Lindion Ct	■Add
		Jacksonville FL 32257	□Remove
			□Change
			□Add
			Remove
	·		
			☐Change
			□Add
			□Remove
			□Change
			□Remove
			☐ Change
			□Add
			□Remove
			□t bangs

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: _____ __ (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed. Signature of a member or authorized representative of a member BHASKAR DIVVELA Typed or printed name of signee

Filing Fee: \$25.00