123000233931

| (Requestor's Name) |
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| |
| (Address) |
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| (Address) |
| , |
| (C) (C) 17 (D) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| (Sociality) |
| |
| 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

Registration Section

Tallahassee, FL 32314

TO:

| Division of Cor | rporations | et i | • | |
|---------------------------------------|--|---|---|--------------|
| cloudality | LLC | <i>;</i> | | |
| SUBJECT: | Name of Lim | ited Liability Company | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | | |
| Please return all correspo | ondence concerning this matter | to the following: | | |
| | Jonathan Tabxada | | | |
| Name of Person | | | | |
| | ZenBusiness INC | | | |
| | | Firm/Company | | |
| | 336 E. College Ave Suite | 301 | | |
| | 1147-10-26-77-7 | Address | | 2 |
| | Tallahassee, FL 32301 | | | |
| | | City/State and Zip Code | | 5-3 |
| | fulfillment@zenbusiness.co | | | 25. 130 |
| | | to be used for future annual report noti | fication) | |
| For further information of | concerning this matter, please c | all: | | |
| e/o ZenBusiness INC | | 844 493-6249 at () | | •• |
| Name c | of Person | | e 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) | ☐ \$60.00 Filing Certificate of Certified Cop (additional copy | Status & |
| <u>Mailing Addres</u> Registration | | Street Address: Registration Se | ction | |
| Division of C | | Division of Cor | | |
| P.O. Box 632 | - | The Centre of T | - | |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Some of the Limited Lie | bility Company or it now appears on any accept | - |
|--|--|---------------------------------------|
| (A Flo | bility Company as it now appears on our records rida Limited Liability Company) | <u>r</u>) |
| The Articles of Organization for this Limited Liability Florida document number 1.23000233931 | y Company were filed on <u>07/19/2023</u> | and assigned |
| This amendment is submitted to amend the following | : | |
| A. If amending name, enter the new name of the l | imited liability company here: | |
| The new name must be distinguishable and contain the words | .imited 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 AD | DRESS) | |
| | | |
| | | |
| Enter new mailing address, if applicable: | | · · · · · · · · · · · · · · · · · · · |
| (Mailing address MAY BE A POST OFFICE BOX) | | (8) |
| | | |
| | | |
| B. If amending the registered agent and/or registe agent and/or the new registered office address her | | the name of the new register |
| | _ | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | · · · · · · · · · · · · · · · · · · · |
| | Enter Florida street address | , |
| | , Flo | ridaZip Code |
| | City | Zip Code |

New Registered Agent's Signature, if changing Registered Agent:

elandality LLC

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 | <u>Address</u> | Type of Action |
|--------------|-------------------------|----------------------------|-------------------|
| AMBR | Jehaanath Vinayarajan | 2241 North Monroe Street | 🗅 Add |
| | | Tallahassee, FL 32303-4731 | ≣Remove |
| | | US | Change |
| AMBR | Jebaananth Vijayarajanv | 2241 North Monroe Street | ≅ Add |
| | | Tallahassee, FL 32303-4731 | □Remove |
| | | US | <u>≂</u> [☐Change |
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| : If the date inserted in this bloment's effective date on the D | st be specific and cannot be prior to date of filing ock does not meet the applicable statutory epartment of State's records. | (optional) gor more than 90 days after filing.) Pursuant to 605.02 filing requirements, this date will not be listed |
| ord specifies a delayed effectiv filed. | e date, but not an effective time, at 12:01 a | a.m. on the earlier of: (b) The 90th day after th |
| | | |
| d | . 2023 | |
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