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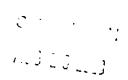
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COVER LETTER

	Registration Se Division of Cor					
SUBJEC		IT SOLUTIONS LLC				
SUBJEC	· I :	Name of Lim	ited Liability Company			
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please ret	turn all correspo	indence concerning this matter	to the following:			
		ANANTHA L MANTRIPRAGADA				
	Name of Person					
	INNORIGHT SOLUTIONS LLC					
Pirm/Company						
	6134 JASMINE VINE DR					
Address						
		PORT ORANGE, FLORII	DA - 32128			
			City/State and Zip Code			
	ANANTHA.MANTRIPRAGADA@INNORIGHT.COM					
		E-mail address: (to be used for future annual report not	ification)		
For furthe	er information e	oncerning this matter, please of	all:			
ANANT	HA L MANTRI	IPRAGADA	386 5066630			
	Name o	f Person	at () Area Code Daytin	ne Telephone Number		
Enclosed	is a check for th	ne following amount:				
≡ \$25.6	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
	Mailing Addres Registration 5		<u>Street Address:</u> Registration Se	vetion		
	Division of C		Division of Co			
	P.O. Box 632	27	The Centre of	Tallahassee		
	Tallahassee. I	FL 32314	2415 N. Monro	ne Street, Suite 810		

Tallahassee, Fl. 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INNORIGHT SOLUTIONS LLC					
(Name of the Limited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)				
the Articles of Organization for this Limited Liability Company were filed on 30 MAY 2023 and assigned document number 1.23000260637					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liability company her	<u>ē</u> :				
The new name must be distinguishable and contain the words "Limited Liability Company," the des	ignation "LLC" or the abbreviation "L.L.C."				
Enter new principal offices address, if applicable:	<u> </u>				
(Principal office address MUST BE A STREET ADDRESS)	~				
	· · · · · · · · · · · · · · · · · · ·				
Enter new mailing address, if applicable:	30 				
(Mailing address MAY BE A POST OFFICE BOX)					
	<u></u>				
B. If amending the registered agent and/or registered office address on our recagent and/or the new registered office address here:	ords, <u>enter the name of the new register</u>				
Name of New Registered Agent:					
New Registered Office Address:					
	la street acklress				
	191				

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

Zip Code

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
AMBR	ANANTHA L MANTRIPRAGAD.	6134 JASMINE VINE DR	≣ ∧dd
		PORT ORANGE, FLORIDA - 32128	□Remove
			□Change
			
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ective date, if other than the date of filing:	(optional) rior to date of filing or more than 90 days after filing.) Pursuant to 605.03
te: If the date inserted in this block does not meet the app	plicable statutory filing requirements, this date will not be listed
ument's effective date on the Department of State's reco	rds.
	re time, at 12:01 a.m. on the earlier of; (b). The 90th day after to
s tiled.	
. JUN 27th 2023	
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(A	grased

Filing Fee: \$25.00