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## **COVER LETTER**

	Registration S Division of Co				
SHID IFC		Nexus Technologies LLC			
SUBJEC	ı. <u> </u>	Name of Lin	nited Liability Company		
The enclos	sed Articles of	Amendment and fee(s) are sul	omitted for filing.		
Please rett	ırn all correspo	ondence concerning this matter	to the following:		
		Tamseel Pathan			
			Name of Person	<del>,     </del>	
		Adaptive Nexus Technolo	gies LLC		
			Firm/Company		
		10230 Douglas Oak Circle	Unit 204		
			Address		
		Tampa FL 33610			
		·	City/State and Zip Code		
		business@alpacorp.in			
		E-mail address: (	to be used for future annual report no	uffication)	
For further	information c	oncerning this matter, please c	all;		
Asif Khan	, CPA		727 223-6675		
	Name o	f Person		me Telephone Number	
Enclosed is	s a check for th	ne following amount:			
<b>■</b> \$25.00	) 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)	
	Tailing Addres egistration S		Street Address: Registration S	ection	
Division of Corporations		Division of Co	Division of Corporations		
	.O. Box 632 allahassee, I		The Centre of		
1 1	ananassee, I	L J4J 14	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Adaptive Nexus Technologies LLC		
(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on our rec nited Liability Company)	<u>eords.</u> )
The Articles of Organization for this Limited Liability Com Florida document number <u>L24000075632</u> .	pany were filed on 2/12/2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l 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 ADDRES	<u> </u>	7024 2024
Enter new mailing address, if applicable:		CORCLINE L
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	office address on our records, <u>e</u> i	nter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	ddress
		. Florida
<del></del>	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 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

Title	<u>Name</u>	Address	Type of Action
AMBR	Neha Singhal	11/611 Purvanchal Silver City Sector 93	□Add
		Noida, UP, India	<b>■</b> Remove
			□Change
			□Remove
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