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(Business Entity Name)	
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COVER LETTER

TO:

	Registration Se Division of Cor			
CHD IEZY		TECHNOLOGIES LLC		
SUBJEC	1:	Name of Lim	ited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please rett	ırıı all correspo	ondence concerning this matter	to the following:	
		KUMAR MANISH		
			Name of Person	
		APIMANI TECHNOLOG	IES LLC	
			Firm/Company	
		2524 Lantana Ln		
			Address	<u></u>
		TALLAHASSEE FLORIE	DA US 32311	
		·	City/State and Zip Code	
		KMANISH.MCA@GMAII		
			to be used for future annual report notification)	
For further	r information c	oncerning this matter, please ca	all:	
KUMAR	MANISH		850 545-2344	
	Name o	f Person	at () Area Code Daytime Telephone	Number
Enclosed i	s a check for th	ne following amount:		
□ \$ 25.00	9 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed) C	50.00 Filing Fee, Certificate of Status & Certified Copy additional copy is enclosed)
	lailing Addres		Street Address: Registration Section	
D	Division of C	orporations	Division of Corporations	
	O. Box 632		The Centre of Tallahasse	
ı	'allahassee. I	·1. 32314	2415 N. Monroe Street, S	suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

APIMANI TECHNOLOGIES LLC		
(Name of the Limited	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab	ility Company were filed on 04/19/2024	and assigned
Florida document number 1.24000185821		_
This amendment is submitted to amend the follows	ing:	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	ADDRESS)	
		024
	•	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	X)	SSC P M
		E E
		1741 1741 1861
B. If amending the registered agent and/or registered agent and/or the new registered office address h	stered office address on our records, <u>enter the na</u>	ame of the new registered
The second secon	ur .	
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida street address	
_	, Florida	
	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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	NIDHI SAXENA	2524 LANTANA LANE	□Add
		TALLAHASSEE, FLORIDA US 32311	Remove
			☐ Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
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			⊡Remove
			□Change

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Filing Fee: \$25.00