L24000266198

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
DECK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

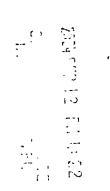




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9/16/24 KH



COVER LETTER

TO: Registration Section

Division of Cor	rporations			
Joshana Te	echnologies LLC			
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:		
	Srinivasa R Korlakunta			
	Name of Person			
	;			
		Firm/Company		
	8824 Tropical Palm Dr			
		Address		
	Tampa/FL/33626			
		City/State and Zip Code		
	korlakunta08@gmail.com	to be used for future annual report notif	(aution)	
Lar frether information	concerning this matter, please co		carony	
To Turther mornanon c	concerning ans matter, piease c	ar.		
Srinivasa R Korlakunta		at () 419-3765		
Name o	of Person	Area Code Daytime	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 Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
			700	
Mailing Address Registration of C P.O. Box 632	Section Corporations 27	Street Address: Registration Sec Division of Corp The Centre of Table 2415 No. 2007	oorationsallahassee	
Tallahassee,	FL 32314	Tallahassee, FL	2 Street, Suite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Joshana Technologies LLC				
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our record ibility Company)	<u>s.</u>)		
The Articles of Organization for this Limited Liability Company w Florida document number L24000266198	rere filed on <u>06/11/24</u>	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabili	ty company here:			
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC	" or the abbreviation "L.L.C."		
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 ad		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			
		orida		
New Registered Agent's Signature, if changing Registered Agent:	City	ZIP CHEE		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of my duties, ar ovided for in Chapter 605,	nd I am familiar, with and F.S. Or, if this document is		

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	Address	Type of Action
AMBR	Srinivasa R Korlakunta	8824 Tropical Palm DR, Tampa,FL,33626	⊡ Add
			□Remove
			□Change
AMBR	Varalakshmi Korlakunta	8824 Tropical Palm DR, Tampa,FL,33626	⊡ ∧dd
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
		· · · · · · · · · · · · · · · · · · ·	□Change
			□Add
			Remove
			□ Remove
			□Change

	<u> </u>	
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·		
tive date, if other than the date of	of filing:	_ (optional)
: If the date inserted in this block doe	es not meet the applicable statutory filing requirements	tays after fitting.) Pursuant to 605.0 ents, this date will not be listed
ment's effective date on the Departme		
		×.3
	but not an effective time, at 12:01 a.m. on the earlie	er oit (b) The 90th day after t
filed.		· }
)
d	, 2024)
$\overline{}$	/)	- ;
	es lalaring	
16 CAWILLOUNTE		
W. Similar Signatur	re of a member of authorized representative of a membe	r (2

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