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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : 120010000062 : (323)962-8600 Fax Number : (323)389-0502

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TARUN KISHNANI LLC

Certificate of Status	0
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·	Page, 03 of 11
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To:

2024-09-09 17:01:24 PDT

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From: Rajiv Srivastava

COVER LETTER

TO:	Registration So Division of Co			
CHDIV	TARUN K	IISHNANI LLC		
SUBJE	C1:	Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub	·	
		Mike Town		
			Name of Person	
		Legalzoom.com. inc.		
	· bodon ottabal distribution	Firm/Company		
		9900 Spectrum Dr		
			Address	**************************************
		Austin, TX 78717		
		consultantweb3@gmail.com	City/State and Zip Code	COLUMN CO
		E-mail address: (to be used for future annual report not	(fication)
For furth	er information c	oncerning this matter, please co	all:	
Mike To	own		800 773-0888	
trataloguella, az	Name c	f Person	Area Code Daytin	ne Telephone Number
Enclosed	d is a check for t	ne following amount:		
□ \$25.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55 00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Fiting Fee. Certificate of Status & Certified Copy (multiforal copy is enclosed)
	MAIL	ING ADDRESS:	STREET/COUR	IER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 To:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



TARUN KISHNANI LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 07/30/2024 ____ and assigned Florida document number _____L24000335286 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Vynex LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 und/or registered office address on our records, enter 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

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 Changing Registered Agent, Signature of New Registered Agent

, Florida ____

MGR = Manager

To:

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR = A	uthorized Member		
<u>Title</u>	Name	Address	Type of Action
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White		0/1/2021
Signature of a member or against representative of a member	Dated	7/6/2029
Signature of a member or authorized representative of a member		
		W V V

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Typed or printed name of signee

Filing Fee: \$25.00