

L24 000 344 659

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

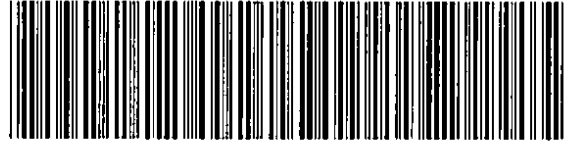
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

TO: Registration Section  
Division of Corporations

SUBJECT: VidAI LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.  
Please return all correspondence concerning this matter to the following:

Arjun Mahadevan  
Name of Person  
Distributed Inc  
Firm/Company  
115 West 27th Street #10R,  
Address  
New York, NY, 10001  
City/State and Zip Code  
filings@doola.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Arjun Mahadevan  
Name of Person  
551 273-2773  
at ( ) Daytime Telephone Number  
Area Code

Enclosed is a check for the 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)

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**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

VidAI 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 08/06/2024 and assigned  
Florida document number L24000344659.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited 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 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 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*

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 Changing Registered Agent, Signature of New Registered Agent**

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MGR = Manager  
AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	Priyam Raj	290, Ward 15, Krishnapuri	<input type="checkbox"/> Add
		William's Town, Deoghar, JH, India 814112	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Priyam Raj	290, Ward 15, Krishnapuri	<input type="checkbox"/> Add
		William's Town, Deoghar, JH, India 814112	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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U.S. DEPARTMENT OF JUSTICE  
BUREAU OF PRISONS  
INMATE IDENTIFICATION DIVISION  
INMATE # 050207 ( )  
INMATE NAME: RICHARD L. BURNETT  
INMATE AKA: RICHARD L. BURNETT  
INMATE DOB: 01/15/1958  
INMATE MOB: 904-255-0207  
INMATE FAX: 904-255-0207  
INMATE EMAIL: RICHARD.L.BURNETT@USDOJ.GOV  
INMATE WEBSITE: USDOJ.GOV  
INMATE ADDRESS: 1000 PENNSYLVANIA AVE NW  
WASHINGTON DC 20535-0001  
INMATE PHONE: 202-352-1000  
INMATE FAX: 202-352-1000  
INMATE EMAIL: USDOJ@USDOJ.GOV  
INMATE WEBSITE: USDOJ.GOV

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 17 CFR 201.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated November 4, 2024

A. N. S.

Arjun Mahadevan

Typed or printed name of signee