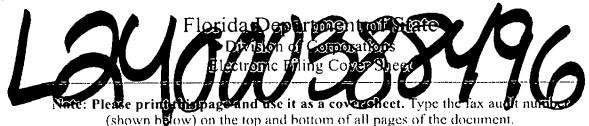
To:

Division of Corporations



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From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone : (323)962-8600 Fax Number : (323)389-0502

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- LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ASTUTE INNOVATIONS LLC

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T. LEMILLIA

DEC - 3 2024

COVER LETTER

	egistration Se ivision of Cor			
CUD IECT		NNOVATIONS LLC		
SUBJECT	·	Name of Lim	ited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please retu	rn all correspo	ndence concerning this matter	to the following:	
		Mike Town		
			Name of Person	
		Legalzoom.com, Inc.		
		-	Firm/Company	
		9900 Spectrum Dr		
			Address	
		Austin, TX 78717		
			City/State and Zip Code	
		raghu80@gmail.com	to be used for future annual report notifi	reation)
For further	information co	oncerning this matter, please ca	·	.canvar,
Mike Tow	at ()			
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed i	s a check for th	e 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)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Page: 4 of 6

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ASTUTE INNOVATIONS LLC		
(Name of the Limited (A	Liability Company as it now appears on our rec Florida Limited Liability Company)	ords,)
The Articles of Organization for this Limited Liab Florida document number <u>L24000388496</u>	ility Company were filed on 09/05/2024	and assigned
This amendment is submitted to amend the follow	ing:	
A. If amending name, <u>enter the new name of th</u>	ne limited liability company here:	
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "L	J.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	· · · · · · · · · · · · · · · · · · ·
(Principal office address MUST BE A STREET)	ADDRESS)	
Enter new mailing address, if applicable:		
•		_
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO		_
(Mailing address MAY BE A POST OFFICE BO B. If amending the registered agent and/or	registered office address on our reco	2024 DEC
(Mailing address MAY BE A POST OFFICE BO B. If amending the registered agent and/or	registered office address on our reco	rds, enter the name of the
Mailing address MAY BE A POST OFFICE BO	registered office address on our reco	rds, enter the name of the 1
Mailing address MAY BE A POST OFFICE BO B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:	registered office address on our reco e address here:	rds, enter the name of the 1
Mailing address MAY BE A POST OFFICE BO B. If amending the registered agent and/or registered agent and/or the new registered offic	registered office address on our reco e address here:	rds, enter the name of the state of the stat
(Mailing address MAY BE A POST OFFICE BC B. If amending the registered agent and/or registered agent and/or the new registered offic Name of New Registered Agent:	registered office address on our reco e address here: Enter Florida street add	rds, enter the name of the state of the stat

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

Page: 5 of 6

To:

2024-11-28 06.56-57 PST

LegalZoom.com, Inc.

From: Akshay Aivale

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
MGR	VINAYA A VEETIL	3964 WOODS RIDER LOOP, ODESSA, FL 33556	🗖 Add
			■ Remove
			🗆 Change
	- Aller Charles Control of the Contr	······································	□ Add
			☐ Remove
			🗆 Change
			D Add
			Remove
			_D Change
		·	_D Add
			Remove
			_D Change
			_□ Add
			_□ Remove
			_□ Change
			_D Add
			□ Remove
			☐ Change

D. If amend	ling any other in	formation, enter	change(s) here:	(Attach addition	nal sheets, if nec	essary.)	
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	d specifies a do	elayed effective		n effective tir	me, at 12:01 a	ı.m. on the earl	ier of:
	Oth day after th	ie recora is niea	l,				
(b) The 90	Oth day after th	ne recora is filea	7074	•			
(b) The 90	Oth day after th		2024	•			
(b) The 90	Oth day after th	am Ranganath	2024	ed representative o	f a member		

Page 3 of 3