# M07000003233

(Re	questor's Name)	
(Ad	ldress)	
	ldress)	
(Au	uicssj	
(Cit	ty/State/Zip/Phone	e #)
	_	_
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	
(=:		,
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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10/10/200

### COVER LETTER

TO:	Registration Of	n Section f Corporations			•		
SUBJE	ECT:	Rolta AdvizeX Technologies, L	LC		·		
		Name of Foreign	gn Limi	ted Lial	bility C	ompany	
Dear S	ir or Madan	1:					
The en	closed appli	cation, certificate and fee(s	) are sul	omitted	for fili	ng.	
Please	return all co	errespondence concerning th	nis matte	er to the	follow	/ing:	
	Monica Mo	oreno, Paralegal	· •	••	<del>_</del>		
		Name of Person					
	McDonald	Hopkins LLC					
		Firm/Company			_		
	600 Superi	or Avenue E., Suite 2100			_		
		Address					
	Cleveland,	OH 44114					
		City/State and Zip Cod	le		_		
	mmoreno(	mcdonaldhopkins.com					
E-ma	ail address:	(to be used for future annua	l report	notifica	ation)		
For fur	ther informs	ntion concerning this matter	nlease	call.			
1 Or Tur	Monica I	_	, produce			140 5406	
		me of Person	_ at (	216	_/	348-5406	Janhana Numbar
	(Na)	ne of reison	Αι	ea Couc	a Day	yume re	lephone Number
	Mailing Add					Address:	
	Registratio				_	tration S	
		f Corporations					orporations
	P.O. Box 6						Tallahassee
	Tallahasse	e, FL 32314					roe Street, Suite 810 L 32303
	Enclosed is	s a check for the following	amoun	ıt:			
<b>⊠\$</b> 25 1	Filing Fee	☐ \$30 Filing Fee &		5 Filing	Fee &	□ \$6	50 Filing Fee,
		Certificate of Status		rtified (			Certificate of Status & Certified Copy

### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

#### SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of
State: Rolta AdvizeX Technologies, LLC
Enter new principal office 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)
2. The Florida document number of this limited liability company is: M07000003233
3. Jurisdiction of its organization: Delaware
4. Date authorized to do business in Florida: 5/31/2007
SECTION II (5-9 complete only the applicable changes)
5. New name of the limited liability company:  (must contain "Limited Liability Company, ""L.L.C.," or "LLC.")
If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name nust contain "Limited Liability Company," "L.L.C." or "LLC.")
5. If amending the registered agent and/or registered officer 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
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 the amendment c	hanges person, title or capacity in accor	dance with 605.0902 (1)(e), ind	licate that change:
itle/ Capacity	<u> Nате</u>	Address	Type of Action
			□Add
	-		□Remo
_ <del></del>			□Add
	-		□Remo
			□Add
	-		□Remo
			□Add
	-		□Remo
			□Add
aforementioned am	icate, if required: no more than 90 days endment(s), duly authenticated by the he law of which this entity is organized Signature of the second	official having custody of reco	☐Remo

Filing Fee: \$25.00

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THAT THE SAID "ROLTA ADVIZEX

TECHNOLOGIES, LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING

ITS NAME TO "ADVIZEX TECHNOLOGIES, LLC" ON THE FOURTEENTH DAY OF

APRIL, A.D. 2021, AT 12:18 O'CLOCK P.M.



Authentication: 202976600

Date: 04-15-21

### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

#### **SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears	on the records of the Florida	Department of	
State: Rolta AdvizeX Technologies, LLC			
Enter new principal office address, if applicable:			_
( <u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u> )			<del></del>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			<del></del> 
2. The Florida document number of this limited liab	oility company is: M0700000	3233	_
Jurisdiction of its organization: Delaware			_
4. Date authorized to do business in Florida: 5/31/2	2007		
SECTION II (5-9 complete only the applicable cl	hanges)		
5. New name of the limited liability company: Ad (must	vizeX Technologies, LLC contain "Limited Liability C	ompany, ""L.L.C.," or "LL	<del>C.</del> ")
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or man must contain "Limited Liability Company," "L.L.C	aging members adopting the	g business in Florida and atta alternate name. The alternate	ch a name
6. If amending the registered agent and/or registered registered agent and/or the new registered office add	d officer address on our recordress here:	rds, enter the name of the nev	<u>v</u> ==
Name of New Registered Agent:			,
New Registered Office Address:	Enter Flor	ida Street Address	_ = = :
		, Florida	: 26
	City	Zip Code	0 ·
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent the provisions of all statutes relative to the proper a and accept the obligations of my position as registe document is being filed to merely reflect a change in liability company has been notified in writing of this	I and agree to act in this cap and complete performance of red agent as provided for in n the registered office addres	°my duties, and I am familiar Chapter 605, F.S. Or, if this	with

If the amendment c	hanges person, title or capacity in ac-	cordance with 605.0902 (1)(e), indicate tha	t change:
itle/ Capacity	<u>Name</u>	Address	Type of Action
			□Add
		····	□Remov
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			□Add
			□Remov
			□Add
aforementioned arr	he law of which this entity is organi	he official having custody of records in th	□Remov e

Filing Fee: \$25.00

## <u>Delaware</u>

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