

Florida Department of State

Division of Corporate  
Electronic Filing Cover

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H22000361770 3)))



H220003E17703A.BC

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page.  
Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.  
Account Number : I20160000017  
Phone : (855)498-5500  
Fax Number : (800)432-3622

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

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
CONNECTM TECHNOLOGY SERVICES, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	07
Estimated Charge	\$30.00

APPROVED  
AND  
FILED

2022 NOV 14 PM 12:03

Electronic Filing Menu

## Corporate Filing Menu

Help

NOV 15 2022  
K. Brumbley

H22000361770

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ConnectM Technology Services, LLC  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Bhaskar Panigrahi

Name of Person

Aurai LLC

Firm/Company

2 Mount Royal Avenue, Suite 550

Address

Marlborough, MA 01752

City/State and Zip Code

bhaskar@connectm.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bhaskar Panigrahi

Name of Person

at ( 508 ) 479-8450

Area Code & Daytime Telephone Number

**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

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee    ☒ \$30 Filing Fee & Certificate of Status    ☐ \$55 Filing Fee & Certified Copy    ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

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

H22000361770

**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: ConnectM Technology Services, 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: M21000011768

3. Jurisdiction of its organization: Massachusetts

4. Date authorized to do business in Florida: September 7, 2021

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: Aurai LLC  
(must contain "Limited Liability Company," "LLC," 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 must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. 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**

\_\_\_\_\_, **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

APPROVED  
AND  
FILED

2022 NOV 14 PM 12:03  
CLERK OF DISTRICT COURT  
JUDICIAL CIRCUIT IN AND FOR  
THE NINTH JUDICIAL CIRCUIT  
TALLAHASSEE, FLORIDA

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction: **H22000361770**

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<hr/>	<hr/>	<hr/>	<input type="checkbox"/> Add
<hr/>	<hr/>	<hr/>	<input type="checkbox"/> Remove
<hr/>	<hr/>	<hr/>	<input type="checkbox"/> Add
<hr/>	<hr/>	<hr/>	<input type="checkbox"/> Remove
<hr/>	<hr/>	<hr/>	<input type="checkbox"/> Add
<hr/>	<hr/>	<hr/>	<input type="checkbox"/> Remove
<hr/>	<hr/>	<hr/>	<input type="checkbox"/> Add
<hr/>	<hr/>	<hr/>	<input type="checkbox"/> Remove
<hr/>	<hr/>	<hr/>	<input type="checkbox"/> Add
<hr/>	<hr/>	<hr/>	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

*Bhaskar Panigrahi*

Signature of the authorized representative

Bhaskar Panigrahi


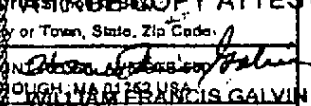
Typed or printed name of signee

Filing Fee: \$25.00

**H22000361770**

H22000361770

MA SOC Filing Number: 202248698780 Date: 10/18/2022 6:12:00 PM

The Commonwealth of Massachusetts		Minimum Fee: \$100.00
 <p><b>William Francis Galvin</b> Secretary of the Commonwealth, Corporations Division One Ashburton Place, 17th floor Boston, MA 02108-1512 Telephone: (617) 727-9640</p>		
<b>Certificate of Amendment</b> (General Laws, Chapter 156C)		
Identification Number: <u>001164061</u>		
The date of filing of the original certificate of organization: <u>3/10/2015</u>		
1.a. Exact name of the limited liability company: <u>CONNECTM TECHNOLOGY SERVICES, LLC</u>		
1.b. The exact name of the limited liability company as amended, is: <u>AURA LLC</u>		
2a. Location of its principal office: No. and Street: <u>2 MOUNT ROYAL AVE STE 550</u> City or Town: <u>MARLBOROUGH</u> State: <u>MA</u> Zip: <u>01752</u> Country: <u>USA</u>		
3. As amended, the general character of business, and if the limited liability company is organized to render professional service, the service to be rendered:		
4. The latest date of dissolution, if specified:		
5. Name and address of the Resident Agent: Name: <u>MAHESH P CHOUDHURY</u> No. and Street: <u>2 MOUNT ROYAL AVE STE 550</u> City or Town: <u>MARLBOROUGH</u> State: <u>MA</u> Zip: <u>01752</u> Country: <u>USA</u>		
6. The name and business address of each manager, if any:		
<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address (no PO Box)</b> Address, City or Town, State, Zip Code
MANAGER	BHASKAR C PANIGRAHI	2 MOUNT ROYAL AVE STE 550 MARLBOROUGH, MA 01752 USA
7. The name and business address of the person(s) in addition to the manager(s), authorized to execute documents to be filed with the Corporations Division, and at least one person shall be named if there are no managers.		
<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address (no PO Box)</b> Address, City or Town, State, Zip Code
SOC SIGNATORY	BHASKAR C PANIGRAHI	2 MOUNT ROYAL AVE STE 550 MARLBOROUGH, MA 01752 USA
SOC SIGNATORY	MAHESH P CHOUDHURY	2 MOUNT ROYAL AVE STE 550 MARLBOROUGH, MA 01752 USA
<p><b>ATTEST</b>    <b>WILLIAM FRANCIS GALVIN</b>          SECRETARY OF THE COMMONWEALTH          MARLBOROUGH, MA 01752 USA          DATE: <u>10/18/2022</u> PER: <u>[Signature]</u></p>		
8. The name and business address of the person(s) authorized to execute, acknowledge, deliver and record		

H22000361770

H22000361770

any recordable instrument purporting to affect an interest in real property:

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
REAL PROPERTY	BHASKAR C PANIGRAHI	2 MOUNT ROYAL AVE STE 550 MARLBOROUGH, MA 01752 USA
REAL PROPERTY	MAHESH P CHOUDHURY	2 MOUNT ROYAL AVE STE 550 MARLBOROUGH, MA 01752 USA

9. Additional matters:

10. State the amendments to the certificate:

TO CHANGE THE NAME OF THE LIMITED LIABILITY COMPANY TO, "AURAI LLC."

11. The amendment certificate shall be effective when filed unless a later effective date is specified:

SIGNED UNDER THE PENALTIES OF PERJURY, this 18 Day of October, 2022,  
BHASKAR PANIGRAHI, Signature of Authorized Signatory.

H22000361770

H22000361770

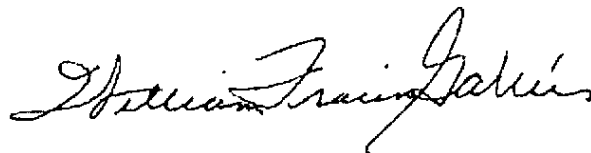
MA SOC Filing Number: 202248698780 Date: 10/18/2022 6:12:00 PM

THE COMMONWEALTH OF MASSACHUSETTS

I hereby certify that, upon examination of this document, duly submitted to me, it appears  
that the provisions of the General Laws relative to corporations have been complied with,  
and I hereby approve said articles; and the filing fee having been paid, said articles are

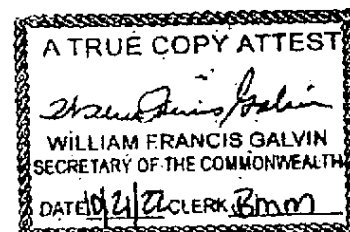
deemed to have been filed with me on:

October 18, 2022 06:12 PM



WILLIAM FRANCIS GALVIN

*Secretary of the Commonwealth*



H22000361770