

| (Re | equestor's Name) | | | |
|---|--------------------|-------------|--|--|
| (Ad | dress) | | | |
| (Ad | ldress) | | | |
| (Cit | ty/State/Zip/Phone | e #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Bu | isiness Entity Nar | ne) | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
| | | | | |
| | | | | |

Office Use Only



400313744124

FILED SECRETARY SECRETARY SECRETARY SEEF FLORIDA FOR TALLAHASSEE, FLORI

08/15/18--01002--001 **105.00

AUG 14 2018 S. YOUNG S. 23

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: SyaRose Technology Network Inc. |
|---|
| name of corporation: SyaRose Technology Network Inc. DOCUMENT NUMBER: N1700004942 |
| DOCUMENT NUMBER: |
| The enclosed Articles of Amendment and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Syanthiyana A. Sadagapal (Name of Contact Person) |
| (Name of Contact Person) |
| |
| |
| 4734 Planters Ridge DV. (Address) |
| (Address) |
| |
| lallahassee- FL - 32311 |
| (City/ State and Zip Code) |
| Tallahassee- FL - 32311 (City/ State and Zip Code) Ssadago pal O Syarose. (om E-mail address: (to be used for future annual report notification) |
| U E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Syanthyana Sadagopul at 850-459-0785 (Name of Contact Person) (Area Code) (Daytime Telephone Number) |
| (Name of Contact Person) (Area Code) (Daytime Telephone Number) |
| Enclosed is a check for the following amount made payable to the Florida Department of State: |
| S35 Filing Fee S43.75 Filing Fee S43.75 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) S43.75 Filing Fee Certified Copy (Certified Copy (Additional Copy is Enclosed) |
| Mailing Address. Street Address |

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address
Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

| Sya Rose Technology Network Inc. (Name of Corporation as currently filed with the Florida Dept. of State) |
|--|
| (Name of Corporation as currently filed with the Florida Dept. of State) |
| N17000004942 |
| . (Document Number of Corporation (if known) |
| ursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the following mendment(s) to its Articles of Incorporation: |
| . If amending name, enter the new name of the corporation: |
| The new |
| ame must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." Company" or "Co." may not be used in the name. |
| 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) |
| <u>ب</u> وم أند |
| |
| |
| 1. If amending the registered agent and/or registered office address in Florida, enter the name of the |
| new registered agent and/or the new registered office address: |
| Name of New Registered Agent: Sporthy yara Fr Sadago pal |
| 2951 capital park Dr. Ste 5 |
| (Florida street address) |
| New Registered Office Address: |
| Tallahassee Florida_32301 (City) (Zip Code) |
| (City) (Zip Code) |
| few Registered Agent's Signature, if changing Registered Agent: |
| hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. |
| Signature of New Registered Agent, if changing |
| Signature of New Registered Agent, if changing |

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

| Example: X_Change X_Remove X_Add | PT John Do V Mike Jo SV Sally Sr | <u>ones</u> | |
|----------------------------------|--|----------------------|--|
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | Address |
| 1) Change Add | Director | Aravinthan Jayakuman | 4734 Planters Riche Mo Tallahassee FL 32311 |
| Remove 2) Change Add | Director | Shaji Nair | 16501 Formest Lake Dr. Jampa, FL-33624 |
| X Remove | | | |
| Remove Change Add | | | |
| Remove 5) Change Add | | | |
| Сhange Add Remove | | | |

| If amending or adding additional A (attach additional sheets, if necessary |). (Be specific) | | | | |
|--|--|---------------|-------------|---------------|--------------|
| | | | | | |
| | | | | | |
| , , , , , , , , , , , , , , , , , , , | | | | - | · |
| | | - | <u></u> | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | ļ | | | |
| | | | | | 1711 |
| | | | | | |
| | _ | | | | |
| | | | | | |
| | | | <u> </u> | | |
| | | | | | |
| | | | | | |
| | | | | | |
| · · · · · · · · · · · · · · · · · · · | | | | | |
| | ······································ | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | · | | | |
| | | | | <u> </u> | |
| | | | | | |
| | | | | | |
| | | | | | |

| The date of each amendment(s) adoption: | . if other than the |
|--|---|
| A second control of the control of t | |
| Effective date if applicable: 68/14/201 | |
| (no more than 90 days after amo | endment file date) |
| <u>Note:</u> If the date inserted in this block does not meet the applicable statuto document's effective date on the Department of State's records. | ry filing requirements, this date will not be listed as the |
| Adoption of Amendment(s) (CHECK ONE) | |
| The amendment(s) was/were adopted by the members and the number was/were sufficient for approval. | of votes east for the amendment(s) |
| There are no members or members entitled to vote on the amendment adopted by the board of directors. | s). The amendment(s) was/were |
| Dated <u>08/14/2018</u> | |
| Signature Symmethyews ada | |
| (By the chairman or vice chairman of the board, pre- have not been selected, by an incorporator – if in to other court appointed fiduciary by that fiduciary) | |
| Syamthiyana A. (Typed or printed name | of person signing) |
| Board of Directo | r/founder son signing) |