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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: CONVISOR SOLU	THONS INC	
DOCUMENT NUME			
The enclosed Articles	of Amendment and fee are sul	bmitted for filing.	
Please return all corres	pondence concerning this ma-	tter to the following:	
	HARIPRIYA DONDAPATI		
		Name of Contact Person	1
	CONVISOR SOLUTIONS I	NC	
	·	Firm/ Company	
	409 MONTGOMERY RD S	ΓΕ 141	
	···········	Address	
	ALTAMONTE SPRINGS, F	1,32714	
		City/ State and Zip Code	
	CONTACTVASU@GMAIL	.COM	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
HARIPRIYA DONDA	арап	at (⁹⁷ 2	343-8 4 81
Name of Contact Person		Area Cod	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	irtment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio The Co	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

CONVISOR SOLUTIONS INC		2022 JAN 24 PM 12: 09
(Name o	f Corporation as currentl	y filed with the Florida Dept. of State)
P13000085527		SECRETARY OF STATE
	(Document Number o	f Corporation (if known)
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new na	me of the corporation;	
		The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	"orp," "Inc." or "Co". 💈	company," or "incorporated" or the abbreviation "Corp.," 1 professional corporation name must contain the word
B. Enter new principal office address,		409 MONTGOMERY ROAD STE 141
(Principal office address MUST BE A STREET ADDRESS)		ALTAMONTE SPRINGS, FL 32714
C. Fatan nam malling address if anni	aubla:	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		409 MONTGOMERY ROAD STE 141
		ALTAMONTE SPRINGS, FL 32714
D. If amending the registered agent an new registered agent and/or the new	d/or registered office address	ress in Florida, enter the name of the
Name of New Registered Agent		
Same of Sew registered agent	409 MONTGOMERY RC	OAD STE 141
	(Florida str	vet address)
New Registered Office Address:	ALTAMONTE SPRINGS	. Florida ³²⁷¹⁴
		(City) (Zip Code)
		(Ciţy (Zip Code)
New Registered Agent's Signature, if c	hanging Registered Agent	<u>:</u>
Thereby accept the appointment as regist	ered agent. I am familiar	with and accept the obligations of the position.
	- No	uluer a
	Signature of New Is	Registered Agent, if Changing

Check if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e). F.S.

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	<u>PT</u>	<u>John Doc</u>	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	SRINIVAS DONDAPATI	1180 SPRING CENTER BLVD
Add			STE 320
X Remove			ALTAMONTE SPRINGS, FL 327
2) Change	P	HARIPRIYA DONDAPATI	409 MONTGOMERY ROAD
X Add			STE 141
Remove 3) Change			ALTAMONTE SPRGS, FL 32714
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			<u></u>
6) Change			
Add			
Remove			

	(Be specific)
<u> </u>	
	
f an amendment provides for an eye	hange reclassification, or cancellation of issued shares.
f an amendment provides for an exc provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
f an amendment provides for an exc provisions for implementing the amo (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
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provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:

•	NOVEMBER 22, 2021	
The date of each amendme		$_{\underline{\hspace{1cm}}}$, if other than t
date this document was sign	ied.	
*****	NOVEMBER 22, 2021	
Effective date <u>if applicable</u>	e:	
	(no more than 90 days after amenament file date)	
	in this block does not meet the applicable statutory filing requirements, this date vin the Department of State's records.	vill not be listed as t
Adoption of Amendment(s	s) (<u>CHECK ONE</u>)	
The amendment(s) was/v action was not required.	were adopted by the incorporators, or board of directors without shareholder action a	ind shareholder
	were adopted by the shareholders. The number of votes cast for the amendment(s) //were sufficient for approval.	
	were approved by the shareholders through voting groups. The following statement ided for each voting group entitled to vote separately on the amendment(s):	
"The number of vo	otes cast for the amendment(s) was/were sufficient for approval	
by	."	
· · · · · · · · · · · · · · · · · · ·	(voting group)	
Dated	01/20/2022	
Signature	(By a director, president or other officer – if directors or officers have not been	
	selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
	HARIPRIYA DONDAPATI	
	(Typed or printed name of person signing)	
	PRESIDENT/OWNER	
	(Title of person signing)	