P17000096497

| (Re | equestor's Name) | | | |
|---|--------------------|-------------|--|--|
| (Ad | ldress) | | | |
| (Ac | ldress) | | | |
| (Cit | ty/State/Zip/Phone | e #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Bu | isiness Entity Nar | me) | | |
| (Do | cument Number) | | | |
| Certified Copies | _ Certificates | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
| J. HORNE | | | | |
| | APR 28 | 2022 | | |
| | | | | |

Office Use Only



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64/65/22--61025--804 **85.60



COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPOR | RATION: VIRTUOSO INFO | O SYSTEMS INC | | | | |
|---|--|--|--|--|--|--|
| DOCUMENT NUME | BER: P17000096497 | | | | | |
| | of Amendment and fee are st | shmitted for filing. | | | | |
| Please return all corres | spondence concerning this ma | itter to the following: | | | | |
| | Harika Vempati | | | | | |
| | Name of Contact Person | | | | | |
| | VIRTUOSO INFO SYSTEMS INC | | | | | |
| | <u> </u> | Firm/ Company | | | | |
| | 4100 Central Pointe Dr. Unit | | | | | |
| | | Address | | | | |
| | Fort Myers, FL 33916 | | | | | |
| | _ - | City/ State and Zip Cod | e | | | |
| | | | | | | |
| | | | | | | |
| | E-mail address: (to be u | sed for future annual report | notification) | | | |
| | | | | | | |
| For further information | concerning this matter, plea | se call: | | | | |
| Harika Vempati | | at (239 | 900-7090 | | | |
| Name c | of Contact Person | Area Co |) 900-7090 de & Daytime Telephone Number | | | |
| Enclosed is a check for | the following amount made | payable to the Florida Depa | artment of State: | | | |
| S35 Filing Fee | □\$43.75 Filing Fee & Certificate of Status | □\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) | | | |
| Mailing Address | | Street Address | | | | |
| Amendment Section | | Amendment Section | | | | |
| Division of Corporations P.O. Box 6327 | | Division of Corporations The Centre of Tallahassee | | | | |
| | thassee, FL 32314 | 2415 N. Monroe Street, Suite 810 | | | | |

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

| | ncorporation | 58 = 7 | | | | |
|--|--|--------------------|--|--|--|--|
| - | of | 智器 | | | | |
| VIRTUOSO INFO SYSTEMS INC | | 1555 -5 | | | | |
| (Name of Corporation as curren | tly filed with the Florida Dept. of State) | # T | | | | |
| P17000096497 | | | | | | |
| (Document Number | of Corporation (if known) | | | | | |
| | • | 22 | | | | |
| Pursuant to the provisions of section 607,1006, Florida Statutes, thi its Articles of Incorporation: | s Florida Profit Corporation adopts the foll | lowing amendment(s | | | | |
| A. If amending name, enter the new name of the corporation: | | | | | | |
| | <u>. </u> | The new | | | | |
| name must be distinguishable and contain the word "corporation," | "company," or "incorporated" or the abbre | viation "Corp.," | | | | |
| "Inc.," or Co.," or the designation "Corp." "Inc." or "Co", "chartered," "professional association," or the abbreviation "P.A. | | ontain the word | | | | |
| The second of th | 4100 Central Pointe Dr. Unit 106 | | | | | |
| B. Enter new principal office address, if applicable: | | | | | | |
| (Principal office address <u>MUST BE A STREET ADDRESS</u>) | Fort Myers, FL 33916 | | | | | |
| | | | | | | |
| | | | | | | |
| C. Enter new mailing address, if applicable: | 1100 0 1 10 1 10 11 10 | | | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | 4100 Central Pointe Dr. Unit 106 | | | | | |
| | Fort Myers, FL 33916 | | | | | |
| | | | | | | |
| | | | | | | |
| D. If amonding the registered agent and/or registered office ad | duografia Clouido, antan the normal afabr | | | | | |
| D. If amending the registered agent and/or registered office address registered agent and/or the new registered office address | | | | | | |
| | <u></u> | | | | | |
| Name of New Registered Agent | | | | | | |
| | | | | | | |
| (Florida s | treet address) | | | | | |
| New Registered Office Address; | . Florida | | | | | |
| | (City) | (Zip Code) | | | | |
| | | | | | | |
| | | | | | | |
| New Registered Agent's Signature, if changing Registered Agen | | | | | | |
| I hereby accept the appointment as registered agent. I am familiar | with and accept the obligations of the posit | ion. | | | | |
| | | | | | | |
| | | | | | | |
| Construe of Vone | Registered Agent, if changing | | | | | |
| Signature of New . | мехьметеа яхет, у спануту | | | | | |

Check if applicable

 \square 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 Doc 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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

| Example: X Change | <u>PT</u> | John Doe | |
|-------------------------------|--------------|-------------------|-----------------|
| X Remove | <u>v</u> | Mike Jones | |
| | | | |
| X Add | <u>SV</u> | Sally Smith | |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| 1) Change | <u>v</u> | Vamsi Vajinapally | 130 Darbonne Ln |
| X Add | | | Irving TX 75039 |
| Remove | | | |
| 2) Change | | - | |
| Add | | | |
| Remove 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | - | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | _ | |
| Add | | | |
| Damaya | | | |

| If amending o (Attach addition | r adding additi nal sheets, if nee | ional Articles, e cessary). (Be s | nter change(s) specific) | <u>here</u> : | | | |
|-----------------------------------|---|---------------------------------------|-----------------------------|------------------|------------------|---------------------------------------|-------------|
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| If an amendm | ent provides fo | r an exchange, | <u>reclassification</u> | , or cancellatio | n of issued shar | es. | |
| (if not ap) | r impiementin <u>s</u> plicable, indicai | the amendmente N/A) | it ii not contair | ied in the amen | iament itself: | | |
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| The date of each amendment(s) a | adoption: | , if other than the |
|--|---|--|
| date this document was signed. | | |
| Effective date if applicable: | | |
| | tno more than 90 days after amendment file d | ale) |
| Note: If the date inserted in this document's effective date on the D | block does not meet the applicable statutory filing requirement of State's records. | nents, this date will not be listed as the |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | |
| ■ The amendment(s) was/were adaction was not required. | opted by the incorporators, or board of directors without sha | reholder action and shareholder |
| ☐ The amendment(s) was/were ad by the shareholders was/were s | opted by the shareholders. The number of votes east for the ufficient for approval. | amendment(s) |
| | proved by the shareholders through voting groups. <i>The followed to voting group entitled to vote separately on the amenda</i> | |
| "The number of votes cas | t for the amendment(s) was/were sufficient for approval | |
| by | (voting group) | |
| | (voting group) | |
| 03/18/202 | 2 | |
| Dated | · | |
| Signature Ho | nika. | |
| (By a c selecte | director, president or other officer – if directors or officers had, by an incorporator – if in the hands of a receiver, trustee, ated fiduciary by that fiduciary) | ve not been or other court |
| | Harika Vempati | |
| | (Typed or printed name of person signing) | |
| | President | |
| | (Title of person signing) | |