P17000096497

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COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: VIRTUOSO INFO SYSTEMS INC P17000096497 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Harika Vempati Name of Contact Person VIRTUOSO INFO SYSTEMS INC Firm/ Company 4100 Central Pointe Dr., Unit 106 Address Fort Myers, FL 33916 City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (239) 900-7090
Area Code & Daytime Telephone Number Harika Vempati Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: **\$35** Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & \$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

V	lR′	H	OSO	INFO	SYST	IEMS	INC

(Name of Corporation as curren	tly filed with the Florida Dept. of State)
P17000096497	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A.	"company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	4100 Central Pointe Dr. Unit 106
(Principal office address MUST BE A STREET ADDRESS)	Fort Myers, FL 33916
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4100 Central Pointe Dr. Unit 106
	Fort Myers, FL 33916
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address Name of New Registered Agent	
(Florida s.	treet address)
New Registered Office Address:	(City) (Zip Code)
	(Ap Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	
Signature of New .	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: XChange	PT	<u>John Do</u>	<u>c</u>	
X Remove	<u>v</u>	Mike Jor	nes	
X Add	<u>sv</u>	Sally Sm	nith	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	<u>v</u>		Vamsi Vajinapally	130 Darbonne Ln
Add				Irving TX 75039
X Remove				
2) Change		_		
Add				
Remove 3) Change		_		
Add				
Remove				. <u></u>
4) Change	<u></u>		***	
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change	<u></u>	_		
Add				
Remove				

If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	/A	nal sheets, if necessar	yj. (ne spe	etyte)			
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	each amendment(s) adoption:	, if other than the
Effective date	e <u>if applicable</u> : (no more than 90 days after amendment fit	
	(no more than 90 days after amendment fi	le date)
	date inserted in this block does not meet the applicable statutory filing requiffective date on the Department of State's records.	rements, this date will not be listed as the
Adoption of A	Amendment(s) (CHECK ONE)	
	dment(s) was/were adopted by the incorporators, or board of directors without not required.	shareholder action and shareholder
	lment(s) was/were adopted by the shareholders. The number of votes cast for areholders was/were sufficient for approval.	the amendment(s)
	dment(s) was/were approved by the shareholders through voting groups. The feparately provided for each voting group entitled to vote separately on the amount	
"The	number of votes cast for the amendment(s) was/were sufficient for approval	
by _	<u> </u>	
	(voting group)	
	Dated10/25/2022	
	SignatureHarita	
	(By a director, president or other officer – if directors or officer selected, by an incorporator – if in the hands of a receiver, trust appointed fiduciary by that fiduciary)	
	Harika Vempati	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	