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TO: Registration Si Division of Cor				
	KUS, LLC			
SUBJECT:	Name of Lin	ited Liability Company		
	Amendment and fee(s) are sub ondence concerning this matter	•		
	John Ainsworth, Esq.			
		Name of Person		
	Ainsworth & Clancy, PLL	С		
		Firm/Company		
	801 Brickell Ave., 9th Flo	or		
		Address		
	Miami, FL 33131			
		City/State and Zip Code		
	info@business-esq.com E-mail address: (to be used for future annual report notifi	cation)	
For further information c	oncerning this matter, please c	·	•	
John Ainsworth		305 600-3816		റും ബ ലി. സ
Name of Name o	f Person he following amount:	at ()	Telephone Number	2921 MAY 22 AH II:
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing For Certificate of S Certified Copy tadditional copy is	Çiye O

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

ARTICLÉS OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ANALYTIKUS, LLC		
(Name of the Limited Liability Company a (A Florida Limited Liab	is it now appears on our records.) ility Company)	
The Articles of Organization for this Limited Liability Company we	re tiled on 06/03/2015	and assigned
Florida document number 1.15000097641		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	/ company here:	
The new name must be distinguishable and contain the words "I imited Liability C	Company," the designation "LEC" or the	abbreviation "L.L.C."
Enter new principal offices 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)		
_		
		20 8
B. If amending the registered agent and/or registered office add agent and/or the new registered office address here:	ress on our records, enter the na	
Name of New Registered Agent:		
New Registered Office Address:		35 2 1
	Enter Florida street address	
	Florida	వి‴్య

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.

Cin

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person—being added or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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"Article VI - The Company s	shall be authorized to issue one thousand two hundred and fifty (1,250) membership
units (the "Units") with no pa	ar value and equal rights. The Units shall be the only form of membership interests
issued by the Company."	
	
-	
ective date, if other than the	date of filing: (optional)
effective date is listed, the date mus	st be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,020 lock does not meet the applicable statutory filing requirements, this date will not be listed a
ument's effective date on the D	
and exactline a dalared affairle	re date, but not an effective time, at 12:01 a.m. on the earlier of; (b). The 90th day after the
s filed.	e date, but not an expective time, at 12.01 a.m. on the earner of, (6). The 90th day after the
April let	2020
April 1st	2020
	My deline
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00