L 19000001940

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COVER LETTER

TO: Registration S Division of Co			,
Broadband SUBJECT:	l Analytics, LLC		
SUBJECT:	Name of Lin	aited Liability Company	
	Amendment and fee(s) are sub ondence concerning this matter	-	
	John Storm		
	- 	Name of Person	
	Broadband Analytical		
		Firm/Company	
	2436 N. Federal Hwy., Su	ite 326	
		Address	<u> </u>
	Lighthouse Point FL 3306	54	
		City/State and Zip Code	
	john@bbanalytical.com		
		to be used for future annual report noti:	fication)
For further information of	concerning this matter, please co	all:	
John Storm		561 705-3700 at ()	
Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Broadband Analytics, LLC

(Name of the Limited Linbi (A Florid	lity Company as la Limited Liabilit	t now appears on our records.) y Company)	
The Articles of Organization for this Limited Liability of Florida document number L19000001940	Company were	filed on 12/20/2018	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability o	ompany here:	
Broadband Analytical, LLC			
The new name must be distinguishable and contain the words "Lin	nited Liability Co	mpany," the designation "LLC" or t	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	243	66 N. Federal Hwy, Suite 326	
(Principal office address MUST BE A STREET ADD	RESS) Lig	hthouse Point FL 33064	22 (
			2 A
			SS 22
Enter new mailing address, if applicable:	243	36 N. Federal Hwy, Suite 326	
(Mailing address MAY BE A POST OFFICE BOX)	Lig	hthouse Point FL 33064	
B. If amending the registered agent and/or registere agent and/or the new registered office address here: Name of New Registered Agent:		ss on our records, <u>enter the</u>	name of the new registered
New Registered Office Address: 2436	N. Federal Hwy	., Suite 326	
		Enter Florida street address	
Light	thouse Point	, Florid	a 33064 Zip Code
		lity	Zip Code
New Registered Agent's Signature, if changing Register	ed Agent:		
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and a accept the obligations of my position as registered a being filed to merely reflect a change in the register company has been notified in writing of this change	complete perfo agent as provid ed office addr	ormance of my duties, and I ded for in Chapter 605, F.S.	am familiar with and Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

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

or remove	ea irvin our recorus:		
MGR =	Manager		
AMBR =	Authorized Member		

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			
			□Remove
			☐ Change
			GAdd
			Петоve
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			□Add
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January 15 2022		,				•	
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