L07000090389

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PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

07/19/22

NAME: GINA EDWARDS + ASSOCIATES LLC

TYPE OF FILING: AMENDMENT

COST:

30.00

RETURN: PLAIN COPY + GOOD STANDING Planse

ACCOUNT: FCA000000015

AUTHORIZATION:

ABBIE/PAUL HODGE

COVER LETTER

Division of Corporations		
SUBJECT: Gina Edwards & Name of Lithi	Associates LL	. <u>C</u>
The enclosed Articles of Amendment and fee(s) are sub-	-	
Please return all correspondence concerning this matter	to the following:	
<u>Gina E</u>	Nume of Person	
Gina Edwar	ds + Associates LLC	Ascalon Analytics LL
8141 La	s Palmas Way	,
Naples,	FL 34109 City/State and Zip Code	
ginavossede	wards @ icloud.	com
For further information concerning this matter, please c	·	cation)
Gina Edwards	m(231) 293 -	3640
Name of Person	at (231) 293 - Area Code Daytime	Telephone Number
Enclosed is a check for the following amount:		
S25.00 Filing Fee & S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclaved)	S60.00 Filing Fee, Certificate of Status & Certified Copy (akhitonal copy is enclosed)
Mailing Address:	Street Address;	

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PILED

SECRETARY DE STATE

CLAHISSEL PLONE

Gina Edwards + Associates LLC.
(Name of the Limited Hability Company as It now appears on our records)

The Articles of Organization for this Limited Liability Company were filed on 09/04/2007 and assigned Florida document number <u>L07000090389</u>.

This amendment is submitted to amend the following:

tills disciplinent is soonnied to micho he tonowing.		
A. If amending name, enter the new name of the lin	nited liability company her	:
Ascalon Analytics The new name must be distinguishable and contain the words "Li	mited Liability Company," the des	ignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESSI	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	<u> </u>	
B. If amending the registered agent and/or register agent and/or the new registered office address here. Name of New Registered Agent:		ords, enter the name of the new registered
New Registered Office Address:	Enter Florid	a street address
		. Florida
	City	Zip Code
New Registered Agent's Signature, If changing Register	ed Agent:	
I hereby accept the appointment as registered agen provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the register company has been notified in writing of this change	complete performance of n agent as provided for in Ci red office address, I hereby	ny duties, and I am familiar with and napter 605, F.S. Or, if this document is

CS Sua a nuclemá ar sei

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

Title	Name	Address	Type of Assion
			OAdd
			□Remove
			□ □ Change
			DAdd
			□Remove
			Change
		/	□Add
		/	ПRсточе
		<u> </u>	
	 	/	
		! 	□ Remove
			Change
	/		DAdd
			DRemove
	,		

			Remove
<u>-e</u>) _			

if amei	nding any other information, enter change(s) here: (Attoch additional sheets, if necessary.)
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(lienei <u>Note:</u>	tive date, if other than the date of filing:
f the reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the iled.
Dated	July 18 2022
	Signature of a member or authorized representative of a member
	Gina Educada
	Typed or printed name of signer

COVER LETTER

TO: Registration Section

Division of Corporat	ions				
SUBJECT: Gina Edwards # Associates LLC Name of Limited Limbility Company					
The enclosed Articles of Amen	idment and fee(s) are subr	nitted for filing.			
Please return all correspondence	e concerning this matter (to the following:			
_	Gina Ec	lwards Name of Person			
٤	Gina Edward	I'm Company	Ascalon Analy fize LL(
_	8141 Las	Palmas Way			
_	Naples,	FL 34109 City/State and Zip Code			
-0	inavossedo	wards @ iCloud. Combine unual report notific	zion)		
For further information concer	ming this matter, please ca	ıll;			
Gina Edwar Name of Per	ds	at (239) 293 — Area Code Daytime	3640 Telephone Number		
Enclosed is a check for the fol	lowing amount:				
🗅 \$25.00 Filing Fee		☐ \$55,00 Filing Fee & Certified Copy (additional copy is eschaed)	Certificate of Status & Certificate Of Status & Certified Copy (additional cryp is enclosed)		
Mailing Address: Registration Section Division of Corporations		Street Address: Registration Section of Corp	orations		
P.O. Box 6327		The Centre of Tallahassee			

Tallahassee, Fl. 32303

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32314