08000076857

(Re	equestor's Name)	<u></u>
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	(dana)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
. —	<u> </u>	
(P.,	siness Entity Name)	
ua)	siness Endry Name)	
(D.		
· (Do	cument Number)	1
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Certified Copies	_ Certificates of	Status
		. ,
Special Instructions to	Filing Officer:	





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11/30/09--01022--027

T. HAMPTON DEC - 1 2009

EXAMINER

COVER LETTER

10:	Division of Corpora		•	
SUBJE	CCT:		ATIATYTICS, LLC	
The end	closed Articles of Ame	ndment and fee(s) are sul	bmitted for filing.	
Please 1	return all corresponden	ce concerning this matter	r to the following:	
٠			Barbara Cohen	
	_		Name of Person	
			Firm/Company	
		2	221 Orangewood Ave	
			Address	Andrews Community of the Community of th
			Clearwater, FI 33755	
	_		City/State and Zip Code	· .
			en@shadowtraders.com to be used for future annual report n	
For furt	her information concer	ming this matter, please o	·	·
	Barbar	a Conen	at (727) Area Code & Day	449-1300
(Name of Pers		Area Code & Day	
4	BARBARA	Cohen	727	4491300
Enclose	d is a check for the fol	lowing amount:	•	. 5
\$25.	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclo	\$60.00 Filing Fee. Certificate of Status & Sed) Certified Copy

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee. FL 32314

STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

: THE LES OF AMENDMENT

	TO	
NAME ARTICLES	OF UKGANIZAT	ION
Chance	OF	_
S. 1171. 2		, ,
Pure	Analytics, LLC.	TURE Analytics L
(Name of the I imited I ishilit	v Company as it now annea	re on our record
(A Florida	Limited Liability Company)	8/11/8008
The Articles of Organization for this Limited Liability C	Company were filed on	U8/11/2008 and assigned
·	• -	
Florida document numberLU8UUUU/685/	- F08 00	0076857
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company her	re:
<u> </u>	witness in Di	OF CHOOS IIC
The new name must be distinguishable and end with the wo	rds "Limited Liability Comre	any" the designation "LLC" or the abbreviation
"L.L.C."	_	
	TURE	CHAOSIIC.
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	<u>RESS)</u>	9
	,	N 02E
Enter new mailing address, if applicable:		30 30
(Mailing address MAY BE A POST OFFICE BOX)		3 7000
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	· · · · · · · · · · · · · · · · · · ·	
# # #	A	
B. If amending the registered agent and/or registered agent and/or the new registered office add		our records, enter the name of the new
Name of New Registered Agent:		-
New Registered Office Address:		
•	En	ter Florida street address
	, Florida	
	City	Zip Code

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 608, 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.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

<u>tle</u>	<u>Name</u>	Address	Type of Actio
			Add Remove
	**************************************		Add Remove
			Add Remove
			Add Remove
			AddRemove
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If amen	ding any other information, enter cha	ange(s) here: (Attach additional sheets, if necessar	SECRETAR JIVISION OF I 09 NOV 3 C
	- (<u> 3609</u> .	PH I:51
	Signature of a mem	nber or authorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00