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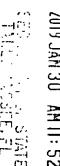
(Requestor's Name)				
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PICK-UP	☐ WAIT	MAIL		
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(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
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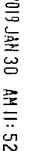
Office Use Only



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R. W. 12305 Lus

COVER LETTER

	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Kevin T. Greiner		
	Urbancentric Developmen	Name of Person t, LLC	
	6891 Sunset Drive	Firm/Company	· · · · · · · · · · · · · · · · · · ·
	Miami, FL, 33143	Address	
	ktgreiner@urbancentric.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
For further information of	concerning this matter, please co	all:	
Kevin T. Greiner		305 849-(488 at ()	
Name (of Person		Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 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

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2019 JAH 30 AH 11: 52 Urbancentric Development, LLC (Name of the Limited Liability Company as it now appears on our records.).
(A Florida Limited Liability Company) July 23, 2010 The Articles of Organization for this Limited Liability Company were filed on and assigned Florida document number ______L1(XX)(XX)77673 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Urbancentric Analytics, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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) If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _ Florida _ City

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.

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 add or removed from our records:

MGR = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
		 	Add
			Remove
		<u></u>	Change
			□ Remove
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Note: II I	date, if other than the ve date is listed, the date must the date inserted in this black on the D	ock does not meet the	applicable statut	iling or more than sory filing require	(optional) 90 days after filing.) Perments, this date wi	ursuant to 605.0207 (If not be listed as t
	d specifies a delayed Oth day after the rec		out not an effe	ective time, a	t 12:01 a.m. on	the earlier of:
Jar Dated	nuary, 25	2019) 			
		Signature of a member	or authorized repre	sentative of a men	iber	
	Kevin T. Greiner					
		Typed (or printed name of	signee		

Page 3 of 3

Filing Fee: \$25.00