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ASECRETARY OF STATE OF STA

J. SAULSBERRY EXAMINER APR 29, 2011

COVER LETTER

TO:	Registration Sec Division of Corp				
SUBJE	CT:	Applied Analy-	tics CLC ited Liability Company		
The end	closed Articles of A	Amendment and fee(s) are su	bmitted for filing.		
Piease r	eturn all correspor	ndence concerning this matter	r to the following:		
			Name of Person		
		Applied	Analytics UC Firm/Company		
		333 NW 1	07 Terrace Address		
			City/State and Zip Code	2011 APR 20 PM 12: 03 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
For furti	ner information co	ncerning this matter, please o	all:	TARY OF STATE ASSEE, FLORIDA ephone Number	
······	Tyler Lar Name of	NZA Person	at (<u>GSU</u>) <u>993-7592</u> Area Code & Daytime Tele	ephone Number	
Enclose	d is a check for the	e following amount:			
√ \$25.0	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)	
		NG ADDRESS:	STREET/COURIER A	ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ny as it now appears on our recor	rds.)		
Liability Company)			
were filed on 3/7/11	and assigned		
dlity company here:			
ited Liability Company," the design	nation "LLC" or the abbreviation		
	<u> </u>		
	— 20 = 1		
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	12: 12:		
	<u></u>		
Mice address on our records, e:	enter the name of the new		
· · · · · · · · · · · · · · · · · · ·			
Enter Florida street address			
, Flor			
City	Zip Code		
	flity company here: ted Liability Company," the design fice address on our records, Enter Florida str		

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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>N</u>	<u>ame</u>	Address	Type of A	<u>ction</u>
MGR	<u>w</u> 2	iordan M. Solomon	3509 w. Sample Road Coral Springs, FL 33065	Add Remove	• :
	<u> </u>	,		Add Remove	ı
-				Add Remove	
				Add Remove	
				Add Remove	
				Add Remove	
D. If a	mending a	ny other information, enter change(s)	here: (Attach additional sheets, if necessary.)	_	
	EIN	Number: 27-5387012		SECRETARY	n e
				PA PA	FED
Dated _	April	16 , 2011	·	M 12: 03	القديث
	** ***********************************		uthorized representative of a member		

Page 2 of 2

Filing Fee: \$25.00