## L11000028245

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J. BRYAN

JUN - 4 2012

**EXAMINER** 

## **COVER LETTER**

TO:	Registration Section Division of Corporations
SUBJE	T: Applied Analytics, UC Name of Limited Liability Company
The enc	osed Articles of Amendment and fee(s) are submitted for filing.
Please re	eturn all correspondence concerning this matter to the following:
	Firm/Company  Sturn all correspondence concerning this matter to the following:  Tyler Lanza  Name of Person  Firm/Company
	Firm/Company
	333 NW 107 Terrace
	Coral Springs, FL 33071  City/State and Zip Code  Tyler lanza@gmail.com  E-mail address: (to be used for future annual report notification)
For furth	er information concerning this matter, please call:
	Tyler Lanza at (954) 918-5770  Name of Person Area Code & Daytime Telephone Number
Enclosed	l is a check for the following amount:
/	O Filing Fee \$\begin{array}{ c c c c c c c c c c c c c c c c c c c

**MAILING ADDRESS:** 

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

	malytics UC	
( <u>Name of the Limited Liability</u> (A Florida l	Company as it now appears on our re Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liability C	Company were filed on <u>3/7/1(</u>	and assigned
Florida document number <u>L1100002824</u> :	<u>s</u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
Tutech	, uc	
The new name must be distinguishable and end with the wor "L.L.C."	rds "Limited Liability Company," the des	_
Enter new principal offices address, if applicable:		THE T
(Principal office address MUST BE A STREET ADDR	RESS)	至 1
		PH P.
Enter new mailing address, if applicable:		95
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>	
B. If amending the registered agent and/or regist registered agent and/or the new registered office add		s, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida	street address
		Torida
	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 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

<u>e</u>	<u>Name</u>	<u>Address</u>	Type of Action
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lf amen	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.	) 
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If amend	ding any other information, enter chang		<del></del> 20

Page 2 of 2

Filing Fee: \$25.00