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COVER LETTER

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TO: Registration : Division of C			
360 Conv	ersion Analytics, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles o	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	oondence concerning this matter	to the following:	
	Hene Schnall		
		Name of Person	
	Hene S Schnall PA		F-)
		Firm/Company	
	2480 N Andrews Ave, Sui	tc 1	Variation of the control of the cont
		Address	
	Wilton Manors, FL 33311		JIH 11. PK 3: 08
	ilene@isslaw.com	City/State and Zip Code	08
For further information	E-mail address: (concerning this matter, please c	to be used for future annual report noti	fication)
Hene Schnall	constraint matter, preume e	954 768-1946	
Name	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addr Registration Division of P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Second Division of Core The Centre of Tallahassee, FL	porations Callahassee c Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

360 Conversion Analytics, LLC	
(Name of the Limited Liability Company as it now (A Florida Linuted Liability Com	appears on our records.)
The Articles of Organization for this Limited Liability Company were filed	on March 30, 2021 and assigned
Florida document number L12000056654	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	any here:
MAKING SCIENCE, 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:	
- ·	يا ي
Principal office address MUST BE A STREET ADDRESS)	The state of the s
·	77(-555)
	7.08
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
· .	
3. If amending the registered agent and/or registered office address on	our records, enter the name of the new regi
gent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
En	ter Florida street address
	, Florida
	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 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 added or removed from our records:

MGR =	Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
			□Change
			□Add
			Remove
			□ Add Remove □ Change □ Add □ Add
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Filing Fee: \$25.00