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DATAME SUBJECT: <u>\$</u>	TRIKS LLC	•	`
sonjeci: <u>4</u>	Name of Lin	nited Liability Company	***************************************
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	SHRAVAN GAONKAR	,	
		Name of Person	
- , , , , , , , , , , , , , , , , , , ,	DATAMETRIKS LLC	· · · · · · · · · · · · · · · · · · ·	
	<u></u>	Firm/Company	
	4000 NW 51ST STREET,		
		Address	
	GAINESVILLE, FL, 3260	Name of Person KS LLC Firn/Company C STREET, APT B37 Address E, FL, 32606 City/State and Zip Code ail address: (to be used for future annual report notification) er, please call: at (
	gaonkar@gmail.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	lication)
For further information of	concerning this matter, please co	all:	
Shravan Gaonkar		at (
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
■ . \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy

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

TO ARTICLES OF ORGANIZATION OF

DATAMETRIKS LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on and assigned Florida document number _ L13000031198 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 4877 NW 42ND RD Enter new principal offices address, if applicable: **APT 104** (Principal office address MUST BE A STREET ADDRESS) GAINESVILLE, FL, 32606 4877 NW 42ND RD Enter new mailing address, if applicable: **APT 104** (Mailing address MAY BE A POST OFFICE BOX) GAINESVILLE, FL, 32606 B. 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:

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.

Page 1 of 3

Enter Florida street address

Florida

Zip Code

or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			🗆 Add
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