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COVER LETTER

TO:	Registration Section Division of Corporations
SUBJEC	CT: FETCH DATA LLC Name of Limited Liability Company
The enc	losed Articles of Amendment and fee(s) are submitted for filing.
Please re	eturn all correspondence concerning this matter to the following:
	Elizabeth M. Fernandez, Esq.
	EPGD ATTORNEYS AT LAW, P.A.
	777 37" AVE # 510
	MIAMI Ft 33135 City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For furt	ther information concerning this matter, please call:
_E	Name of Person Name of Person
. 1	ed is a check for the following amount: 5.00 Filing Fee

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Ft. 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

	TO	12
ARTICLES OF	ORGANIZATION	
	OF	18 DED
	•	25 64
FETCH	DATA, LLC	18 DEC 25 AH 3: 15
(Name of the Limited Liability Com	pany as it now appears on our record Liability Company)	<u>(ds.)</u>
		TV/IDA
The Articles of Organization for this Limited Liability Compa	ny were filed on 183.51	2018 and assigned
Florida document number <u>L 13 0000 333345</u>	, – –	
Florida document number CIDOOD 22243		
This amendment is submitted to amend the following:		
	Larra	
A. If amending name, enter the new name of the limited li	ability company nere:	
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LL	C" or the abbreviation "L.L.C."
	8119 36" A	
Enter new principal offices address, if applicable:	0117 30 7	<u>ve. 70.</u>
(Principal office address MUST BE A STREET ADDRESS)	ST. PEPPE	BURG, FL 33710
	ココフ つつね	AVE #510
Enter new mailing address, if applicable:		AVE #510 1 33135
(Mailing address MAY BE A POST OFFICE BOX)	MIAM! F	1 33135
	- Paris and disease and assessment assessment	de enter the name of the new
B. If amending the registered agent and/or registered	office address on our recor	us. enter the name of the new
registered agent and/or the new registered office address b	<u></u> .	
~	200 / 200	
Name of New Registered Agent: L	26D LAKU	
7.	17 37" AVE. #	570
New Registered Office Address:	Enter Florida street addi	<u>-</u>
		22:25
	MIRM!	Florida 33135
	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 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

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

Title	<u>Name</u>	Address	Type of Action
use	NICOLE A . WATERS	8119 36 AVE.N	X .\dd
		ST. PETERSBURG, FL 33710	Remove
		23110	☐ Change
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Effective date, if other than the date of filing: For an effective date is listed, the date must be specific and cannot be parties. If the date inserted in this block does not meet the application of State's reconstitution of State's reconstitution.	plicable statutory f		otional) Rer filing.) Pursuant to this date will not be	605.020 listed a
e record specifies a delayed effective date, but The 90th day after the record is filed.	not an effectiv	e time, at 12:0	1 a.m. on the ea	arlier o
December 14 . 20	18 //6/	1/1)		
	-]] - Y] []	/ 1 /		

Page 3 of 3

Filing Fee: \$25.00