<u>L14000194508</u>

(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

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SUBJEC	Quantitative	_		
SUBJEC		Name of Limi	ted Liability Company	
The enclo	osed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please ret	urn all correspor	dence concerning this matter t	to the following:	
	Name of Limited Liability Company sed Articles of Amendment and fec(s) are submitted for filing. Im all correspondence concerning this matter to the following: John Whitney			
		 	Name of Person	
			Firm/Company	
		901 NW 85th Terrace, #14	15	
			Address	
		Plantation, FL 33324		
			City/State and Zip Code	
		E-mail address: (t	o be used for future annual report notific	cation)
For furthe	er information co	ncerning this matter, please ca	di:	
John Wh			at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed	is a check for the	e following amount:		
\$25.0	00 Filing Fee		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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Quantitative Sports Analytics LLC.		
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company v Florida document number $\frac{L14000194508}{L14000194508}$	were filed on December 23, 2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
Conflict Resolution Education 360 LLC.		
The new name must be distinguishable and contain the words "Limited Liabilit	ty Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		e e e e
(Principal office address MUST BE A STREET ADDRESS)		www.
	, , , , , , , , , , , , , , , , , , ,	
	r	12 (2) 13 (2) 13 (2) 13 (3) 13
Enter new mailing address, if applicable:		79 0
(Mailing address MAY BE A POST OFFICE BOX)		STA 2:
		12°
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address:	:	er the name of the n
	Enter Florida street address	
	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	City	zip Code
I hereby accept the appointment as registered agent and agre- provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pi	performance of my duties, and I a	m familiar with and

If Changing Registered Agent, Signature of New Registered Agent

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 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
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tive date if other than the d	ate of filing:		(ontional)	
tive date, if other than the d flective date is listed, the date must b	be specific and cannot be prior to	date of filing or more than 9	0 days after filing.) I	Pursuant to 605.0
If the date inserted in this bloc ment's effective date on the Dep	ix does not incet the application artificial of State's records.	ole statutory tiling require	ments, this date w	iii not be listed
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ecord specifies a delayed of	effective date, but not	an effective time, at	: 12:01 a.m. o	n the earlie
e 90th day after the recor	d is filed.			
05/23	2016			
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9	or manon			- CONTRACTOR
			ber SEC. FLO	

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Filing Fee: \$25.00