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J. HARRIS

COVER LETTER

	legistration Solivision of Col			
SUBJECT	Analytikus Γ:			
	·		ited Liability Company	<u> </u>
		Amendment and fee(s) are sub	•	
		John Ainsworth, Esq.	-	
			Name of Person	
		Ainsworth & Clancy, PLL	С	
		·	Firm/Company	
		1111 Brickell Ave., 11th F	Теког	
			Address	
		Miami, Florida 33131		
City/State and Zip Code info@business-esq.com				
		E-mail address: (to be used for future annual report notifi	cation)
For further	information c	oncerning this matter, please ca	all:	
John Ains	worth		305 600-3816	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is	s a check for th	ne following amount:		
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

ANALYTIKUS, LLC (Name of the Limited Liability C	Campany as it now appears on our records	<u> </u>		
(A Florida Li	Company as it now appears on our records. mited Liability Company)	,		
The Articles of Organization for this Limited Liability Com	npany were filed on 06/03/2015	and assigned		
Florida document number L15000097641				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	d liability company here:			
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:		(27) (27) (27)		
(Principal office address MUST BE A STREET ADDRES	<u> </u>			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or register registered agent and/or the new registered office address	ed office address on our records, s here:	enter the name of the new		
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·			
New Registered Office Address:				
	Enter Florida street address			
·	Florida			
	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

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Remove
			□ Change
			Add
			□ Remove
			□ Change
			□ Add
			☐ Remove
			☐ Change
			□ Add
			□ Remove
			:
			Add S
			Remove
			□ Remove □ Change
			Add
			☐ Remove
			Chapan

		000) membership units (the	"Units")
with no par value and equal rights. Th	e Units shall be the only form of m	embership interests issued b	by the
Company."			
		_	
ective date, if other than the date of the effective date is listed, the date must be specified. If the date inserted in this block does unment's effective date on the Department of the ecord specifies a delayed effectione 90th day after the record is fill.	ic and cannot be prior to date of filing or not meet the applicable statutory fit t of State's records. ve date, but not an effective	ling requirements, this date	will not be listed
August 29	2017		
d	MMa Manufactured representation	Cof a member	29H SE1
Signatul	1/~ 1		Τ,
Signatules Miguel MOLINA-COSCULLUE	I.A - Manager	-	$\frac{1}{\omega}$

Filing Fee: \$25.00