

L16000029941

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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1/28

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11/24/21--01025--011 **25.00

LLC
N/C

FILED
2022 JAN 28 AM 10:25
SECRETARY
TALLAHASSEE, FL 32309

FEB 10 2022

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2022 JAN 28 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FL

December 11, 2021

TIMOTHY FANNIN
1990 MAIN STREET
PH19
SARASOTA, FL 34236

SUBJECT: DATAMIND ADVISORS, LLC
Ref. Number: L16000029941

We have received your document for DATAMIND ADVISORS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6053.

Yvette Scott
Supervisor

Letter Number: 721A00029865

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Datamind Advisors, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Timothy Fannin

Name of Person

Datamind Advisors LLC

Firm/Company

1990 Main St PH 19

Address

Sarasota, FL 34236

City/State and Zip Code

Timothy Fannin @ gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Same

Name of Person

at (941) 448-5581

Area Code

Daytime 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)

☐ \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

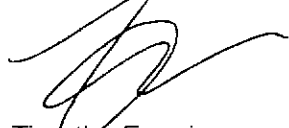
January 14th, 2022

Florida Department of State
Division of Corporations

SUBJECT: Cadalyst, LLC Name Release
L21000471031

I have no intention of revoking the dissolution of Cadalyst, LLC and therefore the name may be released.

Thank you,

A handwritten signature in black ink, appearing to read 'Timothy Fannin', written over the printed name.

Timothy Fannin
Manager
Cadalyst, LLC

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Datamind Advisors, 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 2/11/16 and assigned
Florida document number L16000029941.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Cadalyst, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED
2016 JAN 28 AM 10:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

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

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 11/18/2021

Signature of a member or authorized representative

Timothy Fanning@gmail.com

Typed or printed name of signee