# 1160000029941

(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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## RECEIVED

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SECRETAR COF STATE TALLAHASSEE, FL

### FLORIDA DEPARTMENT OF STATE Division of Corporations

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

ection porations	<b>.</b>	
Datamino	i Advisors, LLC	
Name of Lim	ited Liability Company	·
Amendment and fee(s) are sub	mitted for filing.	
ondence concerning this matter	to the following:	
Ti	mothy Fannin	
	Name of Person	
	Datamind Adu	sors UC
1990 Main 2	Sr. PH 19	
	Address	
Sarasota	FL 34236	
	City/State and Zip Code	4: 0
"I mothe	1 Fannin & gmail.	itionion
		in Canvill
me	941, 448	-5581
of Person	Area Code Daytim	ne Telephone Number
he following amount:		
☐ \$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
ss: Section	<u>Street Address:</u> Registration Se	ection
Corporations	Division of Cor	rporations
27 FL 32314		Fallahassee be Street, Suite 810
	Datamine Name of Lim Name of Lim Name of Lim Amendment and fee(s) are sub ondence concerning this matter  I ggd Main E-mail address: 0 concerning this matter, please concerning this matter, please concerning this matter.  Saca Solta  Timothy E-mail address: 0 concerning this matter, please concerning this matter.  Saca Solta  E-mail address: 0 concerning this matter.  Saca Solta  E-mail address: 0 concerning this matter.  Corporations 27	Amendment and fee(s) are submitted for filing.  Amendment and fee(s) are submitted for filing.  It with y Fannih  Name of Person  Datamind Adm  Firm/Company  1990 Main St. PH 19  Address  Sacasods Ft. 34236  City/State and Zip Code  Timothy Fannih @ gmail.  E-mail address: the be used for future annual report not concerning this matter, please call:  at (44) 448  of Person  at (34) 448  Certificate of Status  Certified Copy (additional copy is enclosed)  See:  Section  Corporations  Or Person  Corporations  Or Person  Corporations  Or Person  Corporations  Or Person  Corporations  Or The Centre of

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,

Timothy Fannin

Manager

Cadalyst, LLC

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Datamind Ad	lvisors, LLC
(Name of the Limited Liability (A Florida)	y Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co Florida document number <u>レルトロのの29941</u>	ompany were filed on 2/11/16 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ted liability company here:
Cadalust LLC	
The new name must be ustinguishable and contain the words "Limit	ited Liability Company," the designation "L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDR.	ESS)
	NO.22
Enter new mailing address, if applicable:	JAH 28
(Mailing address MAY BE A POST OFFICE BOX)	
	<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zıp 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 = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
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