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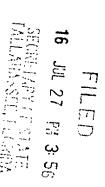
(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	,
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO:	Registration Se Division of Cor					
SUBJE		TURE RESEARCH LLC				
SUBJE	C1:	Name of Lim	ited Liability Company			
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please re	eturn all corresp	ondence concerning this matter	to the following:			
		John Lawlor				
			Name of Person			
			Firm/Company			
		6150 Amberwoods Dr.				
			Address			
		Boca Raton, FL 33433			788 5	
			City/State and Zip Code			
		john.lawlor@gmail.com				=
		E-mail address: (to be used for future annual report notifica	ition)		177
For furt	her information o	concerning this matter, please ca	all:		The second secon	
John La	wlor		561 866-9315 at ()		္ မ	
	Name o	of Person		elephone Number		
Enclose	d is a check for t	he following amount:				
\$25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Status &	

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

REAL PICTURE RESEARCH LLC		
(<u>Name of the Limited Liability</u> (A Florida <u>L</u> i	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Con Florida document number L16000084097	npany were filed on April 28, 2016	and assigned
Florida document number	•	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
Label Analytics LLC		
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	(2.2)	
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register	red office address on our records or	tor the same of the sou
registered agent and/or the new registered office address		tter the name-or the-new
		ω
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		
	Enter Florida street address	
	, Florida	Я
	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 = Manager

AMBR = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□ Remove
			☐ Change
			□ Remove
			Change
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				27
fective date, if other than the	date of filing:		(optional)	
n effective date is listed, the date must ote: If the date inserted in this bl	at be specific and cannot be prior ock does not meet the applic	r to date of filing or more t cable statutory filing re	han 90 days after filing.) I nuirements, this date w	Pursuant to 605.02 vill not be listed
cument's effective date on the D	epartment of State's records	i.	1	S 25
record specifies a delayed The 90th day after the rec		ot an effective time	e, at 12:01 a.m. o	n the earlier
I.d. 21	2016			
nted July 21	2016	·		
	- 1			
	Signature of a member or auth	porized representative of a	member	 -
	way a more of a more of all all the	iorizou representante on a	monnoci	

Page 3 of 3

Filing Fee: \$25.00