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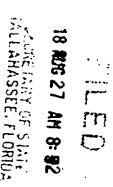
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COVER LETTER

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e1!n 11		TTER FLORIDA, LLC				
SUBJE	CI:	Name of Lim	ited Liability Company			
			J. J.			
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please r	return all correspo	ondence concerning this matter	to the following:			
		Clifton C. Curry. Jr				
			Name of Person		_	
		Curry Law Group, P.A.				
			Firm/Company		_	
		750 W Lumsden Rd			18 T	
			Address		aug 27	
		Brandon, Florida 33511			{m.	ſ
		_	City/State and Zip Code			
Michelle, Filipowicz@CurryLawgroup, Com E-mail address: (to be used for future annual report notification)				: C	FLOR 69	· ·
For furt	her information c	concerning this matter, please c	·		- *	
Michel	le Filipowiez		813 653-2500			
	Name o	f Person		ie Telephone Numb	er	
Englose	ed is a check for the	he following amount:				
	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	Filing Fee. cate of Status & ed Copy al copy is enclosed	
	Registr Divisio	ING ADDRESS: ration Section on of Corporations ox 6327	STREET/COUR Registration Section Division of Corpo Clifton Building	งท		

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FOR A BETTER FLORIDA, LLC

(/	1 Liability Company as it now appears on o 8 Florida Limited Liability Company)	<u>ar records.</u>)	
The Articles of Organization for this Limited Lia Florida document number $\frac{L1800013402}{L1800013402}$	bility Company were filed on January	16, 2018 and assig	gned
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	he limited liability company here:		
Tomahawk Analytics, LLC			
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," the designat	don "LLC" or the abbreviation "L.L.	.C."
Enter new principal offices address, if applical	ble:		
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>OX)</u>	E AHE	•
B. If amending the registered agent and/o registered agent and/or the new registered offi		records, enter the hantelo	f th
registered agent and or the new registered on			. •
Name of New Registered Agent:	·	25 26 25 25 25 25 25 25 25 25 25 25 25 25 25	. •
	Enter Florida str	vet address	
Name of New Registered Agent:	Enter Florida str	vet address, Florida Zip Code	•

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>	<u>Name</u>	Address	Type of Action
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			□ Change
			Add
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<i>66</i> 00	tive date, if other than the date of filing: (option	al)		
ucc	fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after fil	ing.) Pursu	ant to 6	05,0207
an ef	If the date inserted in this block does not meet the applicable statutory filing requirements, this dispersion date on the Department of State is according	ate will no	ot be li	sted as
ian ef Vote:	nent's effective date on the Department of State's records.			
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