## 118000210254

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Special Instructions to	Filing Officer:	
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## **COVER LETTER**

TO: Registration So Division of Co			
	LYTICS PROLLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	VOLODYMYR DUDA		
		Name of Person	
	<u> </u>	Firm/Company	
	Dragomanova, 31-V, APP	223	
	Kiev, Ukraine 02068	Address	
	d@seoanalytics.pro	City/State and Zip Code	····
	E-mail address: (	to be used for future annual report notific	cation)
For further information of	concerning this matter, please c	all:	- <b>2016</b>
VOLODYMYR DU	IDA	at (786 ) 420-4571	
Name c	of Person	Area Code Daytime	Telephone Number Number
Enclosed is a check for t	he following amount:		Ţ, <b>Ţ</b> , Ţ
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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

## SEOANALYTICS PROJECT

(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 Liabi	
Florida document number L18000210254	·
This amendment is submitted to amend the following	inք։
A. If amending name, enter the new name of th	e limited liability company here:
SEOANALYTICS PRO LLC	
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	le:
(Principal office address MUST BE A STREET A	ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO	<u></u>
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter the name of the ner eaddress here:
Name of New Registered Agent:	
New Registered Office Address:	m and a m
	Enter Florida street address
_	Florida City Safe Code
	City 52/p Code
New Registered Agent's Signature, if changing Reg	istered Agent:
provisions of all statutes relative to the proper of accept the obligations of my position as register	
	If Changing Registered Agent, Signature of New Registered Agent

<u>or removed</u>	I from our records:		
MGR = N AMBR = A	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Change
			Remove
			Change
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			Change  2119  Add  Response
			☐ Change ☐ Add
			☐ Remove ☐ Change
			Remove

). If amen	ding any other information, enter change(s) here: tAttach additional sheets, if necessor	uy.)	  -
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(If an effect <u>Note:</u> If	e date, if other than the date of filing:	ig ) Pursuant t	o 605,0207 ( : listed as t
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m Oth day after the record is filed.	on the e	arlier of:
Dated	10/26/2012		
	Signature of a member or authorized representative of a member	<u>i</u>	_
	"	1	

Page 3 of 3

Filing Fee: \$25.00