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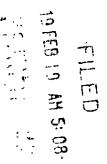
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COVER LETTER

	SUSTALYTICS, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JULIE EVANS		
		Name of Person	
	SUSTALYTICS, LLC	:	
		Firm/Company	
	66 W. FLAGLER STR	EET#1007	
		Address	
	MIAMI, FL 33130		
	JULIE@SUSTALYTE	City/State and Zip Code CS.COM	· · ·
	E-mail address: (to be used for future annual report notifi	ication)
For further information of	concerning this matter, please c	all;	
KARLA FLORES		305 561-762-9253	2
		at ()	<u>-</u>
Name c	r Person	Area Code Daytime	Telephone Number
Enclosed 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)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

TO:

Registration Section Division of Corporations

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

SUSTALYTICS, 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 $\frac{01/30/2019}{2}$ and assigned Florida document number _____L19000030674 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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: O (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: N/A Name of New Registered Agent: 66 W. FLAGLER ST. #1007

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

MIAMI

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

, Florida 33130 Zup Code

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>	<u>Address</u>	Type of Action
MGR	K'DANET, OLIVER	66 W. FLAGLER ST. #1007	
		MIAMI, FL 33130	■ Remove
			☐ Change
		Remove	
			Change
		Add	
			□ Remove
			Change
			Add
			☐ Remove
			Change
			Add
		☐ Remove	
			Change
			☐ Remove

	
ffective date, if other than the date of filing: <u>FEBI</u> an effective date is listed, the date must be specific and cannot be	be prior to date of filling or more than 90 days after filling.) Pursuant to 605.02
ote: If the date inserted in this block does not meet the ocument's effective date on the Department of State's re	applicable statutory filing requirements, this date will not be listed ecords.
e record specifies a delayed effective date, be The 90th day after the record is filed.	out not an effective time, at 12:01 a.m. on the earlier
rted FEBRUARY 11, 2019	
X	or authorized representative of a member

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Typed or printed name of signee

Filing Fee: \$25.00