

(((H19000364060 3)))



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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN THGBI, LLC

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COVER LETTER

TO: Registration So Division of Co			学		
- THOE	I, 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:			
	Ronald Albort, Jr., Esq.				
		Name of Person			
	Harper Meyer Perez Hage	n Albert Dribin & DeLuca LLP			
		Firm/Company			
	201 South Biscayne Boule	vard, Suite 800			
		Address			
	Miami, Florida 33131				
		City/State and Zip Code			
	ralbert@harpermeyer.com	to be used for future annual report notific	ontion)		
For further information of	concerning this matter, please c				
Ronald Albert, Jr., Bsq.	,,	305 577-3443			
_	of Person	at ()	l'elephone Number		
ingui.	n rason	Tuen coec Dayana			
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 Addre		Street Address:	ion		
Registration Section Division of Corporations		Registration Section Division of Corporations			
P.O. Box 632	27	The Centre of Ta			
Tallahassee,	FL 32314	2415 N. Monroe Tallahassee, FL 3			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THGBI, LLC

(Name of the Limited Linbility Comm (A Florida Limited	nany as it now apper Liability Company	ars on our records.)	
The Articles of Organization for this Limited Liability Compan Florida document number L19000063815	y were filed on _	March 13, 2019	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company	here:	
601 ANALYTICS LLC			
The new name must be distinguishable and contain the words "Limited Liab	pility Company," the	designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>	
(Principal office address MUST BE A STREET ADDRESS)			5
			- F
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	
			<u> </u>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:			
New Registered Office Address:			
	Enter Fi	lorida street address	
	City	, Florida	Zip Code
Name Partitioned Agantic Structure of shanning Degistered Agan	•		Lip Cour
New Registered Agent's Signature, if changing Registered Agen			aa to oomnly with th
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	te performance o provided for in	of my duties, and I am fa Chapter 605, F.S. Or, (imiliar with and If this document is
If Ch	anglug Registered A	Agent, <u>Signature of New Reg</u>	istered 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 = M $AMBR = A$	lanager .uthorized Member	·	
Title	Name	Address	Type of Action
			□Remove
			Change
			□Remove
			Change
			□Remove
			Change
			□Add
			□Remove
			☐ Change
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<u>lote:</u> If the	date inserted in th	the date of filing e must be specific and its block does not no he Department of S	meet the applica	odate of filing or i ble statutory filin	(o) note than 90 days a ng requirements,	ptional) Ner Illing.) Pursuan this date will not	1 to 605.02 be listed
ecord spec is filed.	ifics a delayed effe	ective date, but not	: an effective tin	ne, at 12:01 a.m.	on the earlier of	(b) The 90th de	ay after th
ated	DECEMB	EX 18	2019				
_		Signature of a r	member or author	zed representative	of a member		

Filing Fee: \$25.00