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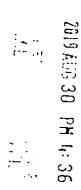
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## **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

Division of Co	rporations		
	ION POINT LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Jeisson Rodriguez		
		Name of Person	· · · · · · · · · · · · · · · · · · ·
	PREDICTION POINT LL	С	
		Firm/Company	
	9860 NW 52ND TER		
		Address	
	Doral, FL 33178		
		City/State and Zip Code	1.00
	jfr@predictionpoint.net		
	E-mail address: (	to be used for future annual report	notification)
For further information of	concerning this matter, please c	all:	
Jeisson Rodriguez		786 6063256	
Name o	of Person	Area Code Day	ytime 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)
A4 A 11	ING ADDRESS:	etdeet <i>k</i> (m	URIER ADDRESS:
Regist	ration Section	Registration So	ection
	on of Corporations Box 6327	Division of Co Clifton Buildin	

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.)

PREDICTION POINT LLC

2019 AT 3 30 PH 4:

(A rionga timine	u manning Compan	y)	• •
The Articles of Organization for this Limited Liability Compar	ny were filed on	04/18/2019	and assigned
Florida document number 1.19000106156			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	ability company	here:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," th	ne designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(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 registered agent and/or the new registered office address he Name of New Registered Agent:		on our records	, enter the name of the new
New Registered Office Address:			
New Negistered Office Address.	Enter	Florida street addres.	s <sup>,</sup>
		, Flo	orida
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>ıt:</u>		
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	te performance s provided for i	of my duties, an n Chapter 605, .	nd I am familiar with and F.S. Or, if this document is
If C	nanging Registered	l Agent, <u>Signature (</u>	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
D	Gutierrez Sanz, Bernard	Calle Miguel de Aguirre # 1722, Cochabamba, 25000, Bolivia	
		· · · · · · · · · · · · · · · · · · ·	☐ Remove
			Change
D	Rodriguez, Jeisson F.		
			Remove
		Change title from P to D	■ Change
<del></del>			□ Add
			Remove
		<del></del>	☐ Change
			Add
			☐ Remove
			☐ Change
		<del></del>	Add
		<del></del>	Remove
			Change
			Add
			Remove
			☐ Change

Change	Jeisson	Radiyucz	designation	from Pto
<del></del>				
	<del></del>	<del></del>		
-=-				
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	<u> </u>		· · · · · · · · · · · · · · · · · · ·	
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	<u>.</u>			
Fective date, if other then effective date is listed, the tet:  If the date inserted incument's effective date of	date must be specific an this block does not	d cannot be prior to date o meet the applicable stat	filing or more than 90 days a	ptional) fler filing.) Pursuant to 605.02 this date will not be listed
record specifies a d The 90th day after th			fective time, at 12:0	1 a.m. on the earlier
ned August	73,1	7019 (	Solwyen	
Jeisson F. Rodri	(	member or authorized rep	oresentative ova member	

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Page 3 of 3

Filing Fee: \$25.00