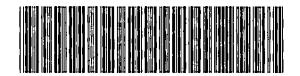
## 419000120316

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## **COVER LETTER**

	Registration Se Division of Cor			,
SUBJÈC'	Bogart Ana	alytics LLC	,	
SUBJEC	1:	Name of Lim	ited Liability Company	<del></del>
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please reti	um alf correspo	ondence concerning this matter	to the following:	
		Kaley Jackson		
			Name of Person	
		Bogart Analytics LLC		
			Firm/Company	<del></del>
		2101 Reynolds Street		
			Address	· · · · · · · · · · · · · · · · · · ·
		Sarasota, FL 34231		
		kaley@bogartlabs.com	City/State and Zip Code	
		E-mail address: (i	to be used for future annual report not	ification)
For furthe	r information c	oncerning this matter, please ea	all:	
Kaley Jac			941 8962616 at ()	
	Name of	l Person	Area Code Daytin	ne Telephone Number
Enclosed i	s a check for th	ne following amount:		
■ \$25.00	0 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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bogart Analytics LLC		
(Name of the Limi	ted Liability Company as it now (A Florida Limited Liability Com	appears on our records.) pany)
he Articles of Organization for this Limited L lorida document number L19000120316	iability Company were filed	on 05/02/2019 and assigned
nis amendment is submitted to amend the foll	lowing:	
. If amending name, enter the new name o	of the limited liability compa	iny here:
ne new name must be distinguishable and contain the		"the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if appli	cable:	
Principal office address MUST BE A STREI	<u>ET ADDRESS)</u>	
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE	BOX)	
<ol> <li>If amending the registered agent and/or gent and/or the new registered office addre</li> </ol>	***	our records, <u>enter the name of the new regist</u>
Name of New Registered Agent:	Victor Brown	
New Registered Office Address:	162 Padova Way	
	En	ter Florida street address
	Sarasota	Florida
	City	Zip Code

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

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
<del> </del>			□ Add
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ective date, if other than the effective date is listed, the date muse:  If the date inserted in this blument's effective date on the D	it be specific a ock does not	nd cannot be pri meet the appl	icable statutor	ig or more than <sup>o</sup>	(option: 0 days after file ments, this day	ng.) Pursuant to	605.020 listed a
ord specifies a delayed effectiv filed.	e date, but no	ot an effective	time, at 12:01	a.m. on the ea	rlier of: (b)	The 90th day a	fter the
d August 17		. 2022	·				
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