## L19000195924

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## COVER LETTER -

TO:	Registration Se Division of Cor			
eub iez	Avail Analy	vtics, LLC		
SUBJEC	. l:	Name of Lim	ited Liability Company	
The encl	osed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		Kimberly A. Crowell, Esq		
			Name of Person	<del> </del>
		Pennington, P.A.		
			Firm/Company	<del></del>
		215 S. Monroe Street, 2nd	Floor	
			Address	
		Tallahassee, FL 32301		
			City/State and Zip Code	
		kcrowell@penningtonlaw.c	om	
		E-mail address: (	to be used for future annual report notifi	cation)
For furth	er information co	oncerning this matter, please ca	all:	
Kimberl	y A. Crowell, Es	q.	850 222-3533	
	Name of	f Person	at () Area Code Daytime	Telephone Number
Enclosed	Lis a check for th	e following amount:		
□ \$25.0	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)

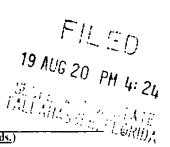
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

.

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**



Avail Analytics, LLC

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

ere filed on August 8, 20	and assigned	ri
ty company here:		
y Company," the designation	"LLC" or the abbreviation "L.L.C."	
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	eords, <u>enter the name of th</u>	e ne
Enter Florida street a	ıddress	<del></del>
, Florida		
City	Zip Code	
·	Enter Florida street a	y Company," the designation "L.L.C." or the abbreviation "L.L.C." ice address on our records, enter the name of the Enter Florida street address

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
AP	Kayla Adcock	204 N. 6th Avenue	<b>=</b> Add
		Wauchula, FL 33873	□ Remove
AP	Kimberly A. Crowell, Esq.	215 S. Monroe Street, 2nd Floor	Change
		Tallahassee, FL 32301	□ Add
			■ Remove
			□ Change
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			- Jacob
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Effective date, if other than the date is listed, the date must be Note: If the date inserted in this blockdocument's effective date on the Department.	e specific and cannot be prior to date of k does not meet the applicable sta	(option of filing or more than 90 days after tutory filing requirements, this	onal) filing.) Pursuant to 605.0207 (3) date will not be listed as the
ne record specifies a delayed The 90th day after the reco		ffective time, at 12:01 a	.m. on the earlier of:
Dated August 15	2019		
Kunseil	y Cronell		
S	gnulure of a member or authorized re	presentative of a member	

Page 3 of 3

Filing Fee: \$25.00