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SEPREMARY FIFTHER

Amend

JAN 1 4 2020 I ALBRITTON

COVER LETTER

Div	ision of Corp	orations			
SUBJECT:	G6 Analytics				
oobber.			nited Liability Company		
The enclosed	d Articles of A	amendment and fee(s) are sub	omitted for filing.		
Please return	all correspon	dence concerning this matter	to the following:		
		Angelita Gordon			
			Name of Person		
		G6 Analytics, LLC			
			Firm/Company		
		4250 ALAFAYA TR STE	212-377		
			Address	<u> </u>	
		Oviedo, FL 32765			
			City/State and Zip Code		
		fam6gor@gmail.com	to be used for future annual repo		
For further is	eformation co	ncerning this matter, please c	•	on nouncation)	
		neering this matter, please c			
Angelita Go			407 373-5 at ()		
	Name of	Person	Area Code I	Daytime Telephone	Number
Enclosed is a	check for the	following amount:			
■ \$25.00 F	Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	d) C	50.00 Filing Fee, Certificate of Status & Certified Copy additional copy is enclosed)
<u>Mai</u>	iling Address:		Street Addr	ess:	

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

TO:

Registration Section

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mark Comment of the C

G6 Analytics, 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 L	Liability Company	were filed on $\frac{08/14/20}{}$	and assigned
Florida document number L19000203415	·		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liab	ility company here:	
The new name must be distinguishable and contain the	words "Limited Liabil	lity Company," the designat	ion "LUC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STREI	ET ADDRESS)		
			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	BOX)		
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office a	address on our record	s, enter the name of the new registered
agent and/or the new registered office addre	<u> </u>		
Name of New Registered Agent:	Angelita Gordon	n	
New Registered Office Address:	4250 ALAFAY.	A TR STE 212-377	
		Enter Florida stre	et address
	Oviedo		, Florida 32765
		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
President	Angelita Gordon	4250 ALAFAYA TR STE 212-377	□Add
		Oviedo, FL 32765	□Remove
Vice Pres	Ali Gordon	4250 ALAFAYA TR STE 212-377	□Add
		Oviedo, Fl. 32765	□Remove
			\bullet Change
			□Add
			□Remove
			Change
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	er than the date of fi i, the date must be specific ted in this block does no	ot meet the applicab	date of filing or more that le statutory filing requ	(optional) n 90 days after filing.) Pursuant t irements, this date will not b	o 605.0207 e fisted as
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ecord specifies a delatis filed. December 2	ate on the Department of	not an effective time 2019	e, at 12:01 a.m. on the		after the

Filing Fee: \$25.00