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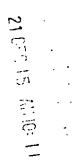
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T. MATTHEWS

DEC 27 2021

COVER LETTER

Registration Section

Division of Corporations

Tallahassee, FL 32314

TO:

	This action tive 6	LNALYSI IIC	
SUBJECT:	Name of Limi	NAMSIS, LLC ited Liability Company	
	Amendment and fee(s) are submodence concerning this matter		
	Th	omas Santar las	
	INJUNEAT	Firm/Company	<u>C</u>
	P.O. BOX	- 818 Address	
		City/State and Zip Code	
For further information of	E-mail address: (i	to be used for future annual report no all:	tification)
Thomas S	entarias of Person	at (813) 66 Area Code Daytii	ne 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)
Mailing Addre Registration Division of C P.O. Box 63	Section Corporations	Street Address: Registration Solivision of Co The Centre of	orporations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

21 CEC 15 MIGHT Investigative Analysis LLC

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

(A Flerida Timited Liability Company) The Articles of Organization for this Limited Liability Company were filed on ____________________ and assigned Florida document number L20000050240 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

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
MBR	ANGEL ALLISON	120 N. FLORIDA AVE	🗆 Add
		BARTOW, FL 33830	X Remove
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ecord specifies s filed.	a delayed effective date,	but not an effectiv	e time, at 12:01 a.i	n, on the earlier (of: (b) The 90th d	iay after the
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