L20000322208

(Requestor's Name)	
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(City/State/Zip/Phone #)	
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	Analytic	s Anonymous		, 4		
SUBJEC	. •:	Name of Lin	nited Liability Company	·		
The encl	esed Articles	of Amendment and feets) are sul	binitied for filling.			
Picase (c	aum ali corre	spondence concerning this maner	r to the following:			
		Shyam Veerasankar				
			Name of Person		· 26	
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			Firm/Company	··· <u>·</u>	55	3
		2678 Bradfordt Drive			2021 AUG 12 PM 2: 04	Ţ
			Address		Min N	Ę
		Melbourne, FL 32504			四 0	
			City/State and Zip C	oda		
		shyam.veerasankar(a)gmail				
For first	er informatio	1 -mail address: on concerning this matter, please o	tto be used for figure an	пин героп поинс	atton)	
	v'eerasankar(<u>a</u>		484	7985 66 8		
Name of Person		at (at t ode	Daytime .	Leiephone Number		
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G 525.	(10) ning Fee	3 8,30,00 Infing tree & Certificate of Status	71 NSS 00 1 ding 1 Certified Copy (additional copy)	y	Ms0.00 Filing Lee, Certificate of Status & Certified Copy additional copy is enclosed)	
	Mailing Add		Stree	et Address:		
	Registratio	n Section f Corporations		istration Secti ision of Corpo		
	P.O. Box 6			Centre of Ta		
	Tallahassee	c. FL 32314	241:	5 N. Monroe	Street, State \$10	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Analytics Anonymous		
(<u>Name of the Limited Liabili</u> (A Florid:	ts Company as it now appears on our records a Limited Liability Company)	<u>)</u>
The Articles of Organization for this Limited Liability C Florida document number L20000322208	Company were filed on 10-20-2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
Veeralytics L.L.C		
he new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC"	or the abbreviates "L.L.C."
Enter new principal offices address, if applicable:		NA AUG
Principal office address MUST BE A STREET ADDI	RESS)	
		2 7
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		PH 2: 04 SEE, FL
maing duaress PHT PETTY OF CHIELD PARTY		
3. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>enter t</u>	the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	<u> </u>
	Flo	rida
	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>	Name	Address	Type of Action
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August 10th Syure Veerasankar		2021					
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