121000209043

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DATE:

8/05/21

NAME: CORPORATE INTELLIGENCE ANALYTICS, LLC

TYPE OF FILING: AMENDMENT

COST:

25.00

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ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

applie Hodge

COVER LETTER

	istration Se ision of Coi			
eun iezer.	-	Intelligence Analytics, LLC		
SUBJECT:		Name of Lin	nited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub-	omitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		Cynthia M. John, Paralego	al	
			Name of Person	
		Mirick O'Connell		
		-	Firm/Company	
		100 Front Street		
			Address	
		Worcester, MA 01608		
			City/State and Zip Code	
		ejohn@miriekoconnell.con		
		E-mail address: (to be used for future annual report not	ification)
For further in	iformation c	oncerning this matter, please c	all:	
Cynthia M. J	lohn, Parale	gal	508 929-1603	
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a	check for th	ne following amount:		
□ \$25.00 F	iling 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)
	ling Addres distration S		<u>Street Address:</u> Registration Se	ection
•	•	orporations	Division of Co	
P.O	. Box 632	7	The Centre of	Fallahassee
Tall	lahassee, F	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our record nited Liability Company)	<u>ds.</u>)		
The Articles of Organization for this Limited Liability Comp. Florida document number L21 000209043	pany were filed on May 12, 2021		_ and as	signed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	liability company here:			
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC	C" or the abbre	viation "L	.L.C."
Enter new principal offices address, if applicable:		<u>-</u>	202	
Principal office address MUST BE A STREET ADDRES.	<u> </u>	200 200 200 200 200 200 200 200 200 200	AUS	8
		SSA SSA SSA SSA SSA SSA SSA SSA SSA SSA	-5 -2	(FEB. 184)
Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)			8: 59	
. If amending the registered agent and/or registered off	fice address on our records, enter	the name o	f the ne	w regi
gent and/or the new registered office address here:	<u> </u>	Jan		
Name of New Registered Agent:				<u>.</u>
New Registered Office Address:	Enter Florida street addres	 SS		
		lorida		

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 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>	<u>Address</u>	Type of Action
MGR	Jesse Ouellette	55 [St. Apt 4	□Add
		Boston, MA 02127	■Remove
			□Change
		_	□Add
			□Remove
			□Change
		_	2020 Add SECRETA
			Remove
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□ Change

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ffective date, if other than the date of filing: (optional) an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 forte: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as becument's effective date on the Department of State's records. The 90th day after the is filed. August 4 August 4 August 4 Signature of a member or authorized representative of a member		AC.	***
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ffective date, if other than the date of filing:			•
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Signature of a member or authorized representative of a member		12:01 a.m. on the earlier of: (b) The 90	th day after the
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Filing Fee: \$25.00