L21 000216743

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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7/9/21

COVER LETTER

Registration Section

TO:

Division of Cor	porations		
Charter And			,
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Matthew David		
		Name of Person	
	Charter Analytics LLC		
		Firm/Company	
	2716 Oak Street Unit 7		
		Address	
	Jacksonville Florida, 3220.	5	
		City/State and Zip Code	
	matt@charteranalytics.org	to be used for future annual report not	ification)
For further information c	oncerning this matter, please of		
Matt David		904 465-4992 at ()	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	ation.
Registration Section Division of Corporations		Registration Section Division of Corporations	
P.O. Box 632	2.7	The Centre of	Tallahassee
Tallahassee,	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Charter Analytics LLC		
(Name of the Limited Liabil (A Florid	ity Company as it now appears on a Limited Liability Company)	our records.)
	Company were filed on May 10	0, 2021 and assigned
Florida document number $\frac{1.24000216743}{1.24000216743}$	 '	
This amendment is submitted to amend the following:	amending name, enter the new name of the limited liability company here: some name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." new principal offices address, if applicable: ipal office address MUST BE A STREET ADDRESS) new mailing address, if applicable: ing address MAY BE A POST OFFICE BOX) amending the registered agent and/or registered office address on our records, enter the name of the new registered and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our reco	ds, enter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	treet address	
		, Florida
	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 in 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 regords:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	William Blake Obi	2716 Oak Street, Unit 7, Jacksonville, Fl. 32205	= Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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			□Remove
			□ Change

n amending an	s other information, end	er change(s) here: Attach addition	na sneem, y neecsaa ya	
				
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		<u> </u>		
Note: If the date document's effect	inserted in this block does tive date on the Department	ic and cannot be prior to date of filing or mo not meet the applicable statutory filing	requirements, this date will not be	listed as
rd is filed.	•		•	
Dated	June 2nd	TOZI	\	1 17
	///www. Signature	of a member or authorized representative	of a member	-2
		Hew David		(i)