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COVER LETTER

Registration Section

Division of Corporations

Tallahassee, FL 32314

TO:

	VIOR ANALYST LLC			
SUBJECT:	Name of Lim	ited Liability Company	<u> </u>	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	MALU LOPEZ			
		Name of Person		
		Firm/Company		
	11501 NW 2ND ST #201			
		Address		
	MIAMI, FLORIDA 33172		<u></u>	
	MALULOPEZABA@GM/	City/State and Zip Code		
Park Carley in Francisco	-	to be used for future annual report notificati	on)	CD
MALU LOPEZ	oncerning this matter, please e	786 6836117		_
Name o	f Person	Area Code Daytime Tel	ephone Number	1
Enclosed is a check for the	he following amount:		11: 2:	ند.
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	•
Mailing Address Registration		Street Address: Registration Sectio	n	
Division of C	Corporations	Division of Corpor The Centre of Talla	ations	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on 06/22/2021 and assign derida document number L21000290779 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" the 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 regent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address	(Name of the Limited I	iability Company as it now appears on our records Florida Limited Liability Company)	<u>s.</u>)
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". The 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 regent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address	(A r	Torida Limited Liability Company)	
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New Registered Office Address: Enter Florida street address			÷
Enter Florida street address	Name of New Registered Agent:		2
Enter Florida street address	Name Description of OCC on Additions		•
Florida	New Registered Office Address.	Enter Florida street address	s
Florida - Florid		51	
City Zip Code	_		orida 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 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	MALU LOPEZ	11501 NW 2ND ST #201	
		MIAMI, FL 33172	□Remove
			■ Change
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			□Remove
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s filed.				
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Signature of a member or authorized repre	sentative of a member			