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COVER LETTER

TO: Registration Se Division of Con				
1A ANALY SUBJECT:	TICS L.L.C			
SOBJECT:	Name of Lim	ited Liability Company		
	Amendment and fee(s) are sub	_		
	Tiffany Roman			
		Name of Person		
	Sunshine Corporate Filings			
		Firm/Company		
	7901 4th Street N, Suite 300			
		Address		
	St. Petersburg, FL 33702			
	agent@floridaregisteredage			. 63
For further information c	E-mail address: (oncerning this matter, please co	to be used for future annual report notificall:	ation)	SE S
Tiffany Roman		at (813 575-1161		- 8 M
	f Person	Area Code Daytime	Telephone Number	18 PHIZ: 55
Enclosed is a check for the	-	5	E2 ***	•
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified Co	of Status &

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

1A ANALYTICS L.L.C

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 08/03/21 and assigned Florida document number _____L21000348656 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 "L.L.C." 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 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 mv 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 Changing Registered Agent, Signature of New Registered Agent

, Florida

Zip Code

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
AMBR	JOHNNY BURKIE	3009 Gianna Way Land O Lakes FL 34638	29/ Add
			□Remove
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	Signature of a member or author	ized representative of a mer	nber	

Filing Fee: \$25.00