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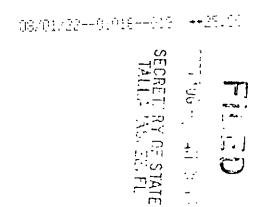
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Office Use Only

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COVER LETTER

TO: Registration S Division of Co			•
Angular ar	nalytic LLC		
SUBJECT:	Name of Lin	nited Liability Company	·
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Jacqueline		
		Name of Person	
	ZenBusiness INC		
		Firm/Company	<i>σ</i>
	ECRE		
		Address	
	Tallahassee, FL 32301		No.
	fulfillment@zenbusiness.co	City/State and Zip Code	ST. ST.
	E-mail address: (to be used for future annual report notifica	tion) THE TO
For further information c	concerning this matter, please c	all:	
Jacqueline e/o ZenBusin	ness INC	844 493-6249 at ()	
Name o	of Person		elephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing 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)
Mailing Addres Registration		Street Address: Registration Section	on
Division of C	Corporations	Division of Corpo	rations
P.O. Box 632	27	The Centre of Tall	ahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

inv as it now appears on our records.) Liability Company)	
were filed on 01/03/2022	and assigned
ility company here:	
lity Company," the designation "L1.C" or	the abbreviation "L.L.C."
6650 Corporate Center Pkwy	
Apt 915	
Jacksonville, FL 32216	···
6650 Corporate Center Pkwy	S
Apt 915	ACR -
Jacksonville, Fl. 32216	
address on our records, <u>enter the</u>	name of the new registere
vnier r iorida street address	
	la
	ility company here: lity Company," the designation "LLC" or 6650 Corporate Center Pkwy Apt 915 Jacksonville, FL 32216 6650 Corporate Center Pkwy Apt 915

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>	<u>Name</u>	Address	Type of Action
MGR	Kerns Emmanuel Boisrond	6650 Corporate Center Pkwy	□Add
		Apt 915	□Remove
		Jacksonville, FL 32216	
			□Add
			□Remove
			□Change
			Remover -
			Change Change
			Remove
			□Change
•••			□Add
			□Remove
			☐ Change
<u>.</u>			
			□Remove

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			SIC
			TRE S
			高州 主
			FL
			. मां - '
Iffective date, if other than t an effective date is listed, the date in Note: If the date inserted in this locument's effective date on the	nust be specific and cannot be prior to block does not meet the applicable Department of State's records.	date of filing or more than 90 days a le statutory filing requirements,	p tional) ifter filing.) Pursuant to 605.02 this date will not be listed
record specifies a delayed effect is filed.	tive date, but not an effective time	e, at 12:01 a.m. on the earlier of	: (b) The 90th day after th
July 22nd	. 2022		
	ns Emmanuel Boisrond		
	Signature of a member or authoriz	ed representative of a member	···-

Filing Fee: \$25.00