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COVER LETTER

TO: Registration Se Division of Cor						
	ON ANALYTICS I.L.C					
SUBJECT:	Name of Limi	ted Liability Company				
The enclosed Articles of	Amendment and fec(s) are sub-	mitted for tiling.				
Please return all correspo	ndence concerning this matter	to the following:				
	RENEE RO	SARIO				
		Name of Person				
	RCR CONSULTING GROUP LLC					
	Firm/Company					
	887 SR 436					
		Address				
	CASSELBEI	RRY FL 32707				
		City/State and Zip Code				
	renee.rosario@americantaxj					
Var firether information o	n-mail address: () oncerning this matter, please ea	o be used for future annual report notific	ation)		ŗ `	
RENEEE ROSARIO	oncerning this matter, preuse co	407 767-1647			:	
	f Person	at (Felephone Number		<i></i>	•
rane o	T C C C C C C C C C C C C C C C C C C C	Aca Code Dayning	retephone /vanoer	•	~ 1	
Epolosed is a check for th	ne following amount:				40 : Cl IIA	
\$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)	1 . ī,	: 04	

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



company has been notified in writing of this change.

ARTICLES OF AMENDMENT TO 'ARTICLES OF ORGANIZATION OF

NEURON ANALY				
(<u>Name of the Limited Liability Compan</u> (A Florida Limited L	iv as it now appe lability Company	ars on our records.)		
The Articles of Organization for this Limited Liability Company of Florida document number 1.22000023497			and assigne	·d
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	lity company	here:		
The new name must be distinguishable and contain the words "Limited Liabth	ty 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:		<u> </u>	<u> </u>	
(Mailing address MAY BE A POST OFFICE BON)		/		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on our	records, <u>enter the</u>	name of the new re	gistered
Name of New Registered Agent:			/	
New Registered Office Address:		Torida street address	· 	 .
	Enler F	Jonua street attaress Florid	la	
	Cuy		Zip Code	
New Registered Agent's Signature, if changing Registered Agent:		/		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete	ee to act in th	is capacity. I furthe of my dutics, and I	er agree to comply v am familiar with a	with the nd

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

If Changing Registered Agent, Signature of New Registered Agent

) ,.,	
or removed from o		•

MGR = -Manager

 $\mathbf{AMBR} = \mathbf{Authorized\ Member}$

Title	<u>Name</u>	Address	Type of Action
Title MGR HR	CARLOS A FERRO BEDOVA	3163 INTEGRA LAKES LN APT 129	
		CASSELBERRY FL 32707	□Кетоле
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Effective date, if other than the date of file	ling:	(optional)	* .
Effective date, if other than the date of fif If an effective date is listed, the date must be specific. <u>Note:</u> If the date inserted in this block does no document's effective date on the Department of	and cannot be prior to date of file of meet the applicable statutor	ry filing requirements, this date will n	ot be listed as the
ne record specifies a delayed effective date, but indistilled.	not an effective time, at 12:0	La.m. on the earlier of: (b) The 90th	day after the
OCTOBER 26	2022	_	
1 131070	_ · 		

D.

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Typed or printed name of signee