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## **COVER LETTER**

TO:

TO: Registration Se Division of Cor			
	ALYTICS, LLC		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and feets) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Timothy J. Cotter		
		Name of Person	
	Timothy J. Cotter, P.A.		
		Firm/Company	
	599 9th Street North #313		
		Address	
	Naples, FL 34102		
		City State and Zip Code	
	Tim/a Trimothy/Cotter.con	to be used for future annual report not	Houton)
For further information c	concerning this matter, please c		incomoti)
Timothy J. Cotter		239 435-0111	
Name o	l Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy raddmonal copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u> Registration :		<u>Street Address:</u> Registration Se	ection
Division of C	orporations	Division of Co	rporations
P.O. Box 632 Tallahassee, l		The Centre of	Fallahassee oc Street, Suite 810
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Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ROCO ANALYTICS, LLC		
(Name of the Limited Liability Compa) (A Florida Limited L	ny as it now appears on our records.) hability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 1.22000096181	were filed on 02/23/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:	4850 Tamiami Trail North, Suite 301	
(Principal office address MUST BE A STREET ADDRESS)	Naples, FL 34103	
Enter new mailing address, if applicable:	4850 Tamiami Trail North, Suite 301	
(Mailing address MAY BE A POST OFFICE BOX)	Naples, F1, 34103	<u> </u>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	address on our records, enter the name	e of the new register
		•
	Florida	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>	Name	<u>Address</u>	Type of Action
			□Add
			□Remove
			□ Change
			□Add
			□ Remove
			□Add
			□Remove
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Filing Fee: \$25.00