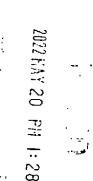
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Office Use Only

9/ 7/23/2022

## **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations		
suвјест: <u>Audu</u>	rie Analytics	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Alyssa R	Peeples Name of Person	
	Audure	Analytics UC Firm/Company	
	908 Pina	r Drive Address	
	<u>orlando</u>	32825 City/State and Zip Code  PEDJES @ gmail Coy to be used for future annual report noti	
For further information c	E-mail address: ()		fication)
Name o	of Person	at () Area Code Daytim	e Telephone 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 Address Registration : Division of C	Section Corporations	Street Address: Registration Sec Division of Cor The Centre of T	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 HAY 20 PH 1:28

Audorie -	Analytics	LLC		-0 /// 1.20
(Name of t	ne Limited Liability ( (A Florida Li	Company as it now appears ( imited Liability Company)	on our records.)	
The Articles of Organization for this Lin	nited Liability Con	npany were filed on <u>M a</u>	rch 7, 2022	and assigned
Florida document number <u>L22000</u>	113638			
This amendment is submitted to amend t	he following:			
A. If amending name, enter the new n	ame of the limited	d liability company here	<b>:</b> :	
Audire Business	solutions	LLC		
The new name must be distinguishable and conti	ain the words "Limited	d Liability Company," the desi	gnation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if	applicable:		·	·
(Principal office address MUST BE A S	STREET ADDRES	<u>SS)</u>		
Enter new mailing address, if applicate (Mailing address MAY BE A POST OF	FICE BOX)			
B. If amending the registered agent an agent and/or the new registered office		office address on our reco	ords, <u>enter the nam</u>	e of the new registered
Name of New Registered Agen	<u>t</u> :			
New Registered Office Address	<u></u>			
		Enter Florida	street address	
			Florida	
		City		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	Address	Type of Action
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			□Remove
			□Add
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