

L22 000 133 548

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

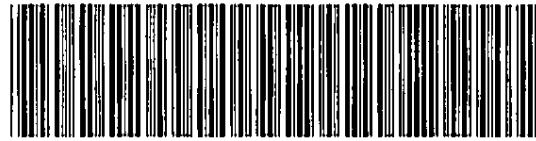
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500384274105

01/13/23--01023--001 \*\*25.00

2023 JAN 13 PM 2:08

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SIGMA ANALYTICS LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

PRIYANKA REDDY MITTA

\_\_\_\_\_  
Name of Person

SIGMA ANALYTICS LLC

\_\_\_\_\_  
Firm/Company

1962 HOVENWEEP RD

\_\_\_\_\_  
Address

WESLEY CHAPEL, FL. 33543

\_\_\_\_\_  
City/State and Zip Code

priyankareddymitta@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PRIYANKA REDDY MITTA

813

203-7926

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the 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 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

2023 JUN 15 PM 2:58

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

SIGMA ANALYTICS LLC

(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 03/17/2022 and assigned Florida document number L22000133548.

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)

15310 AMBERLY DRIVE

SUITE 250

TAMPA, FL. 33647

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

15310 AMBERLY DRIVE

SUITE 250

TAMPA, FL. 33647

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

RAGHUNANDAN REDDY ALUGUBELLI

New Registered Office Address:

1962 HOVENWEEP RD

*Enter Florida street address*

WESLEY CHAPEL


*City*

Florida 33543

*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 Changing Registered Agent, Signature of New Registered Agent

**MGR = Manager**  
**AMBR = Authorized Member**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
PRESIDENT	RAGHUNANDAN REDDY ALUGUBELLI	1962 HOVENWEEP RD	<input checked="" type="checkbox"/> Add
		WESLEY CHAPEL, FL. 33543	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
		<input type="checkbox"/> Remove	
		<input type="checkbox"/> Change	
		<input type="checkbox"/> Add	
		<input type="checkbox"/> Remove	
		<input type="checkbox"/> Change	
		<input type="checkbox"/> Add	
		<input type="checkbox"/> Remove	
		<input type="checkbox"/> Change	
		<input type="checkbox"/> Add	
		<input type="checkbox"/> Remove	
		<input type="checkbox"/> Change	

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

2023 JUL 13 PM 2:39

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated

01/09/2023



Signature of a member or authorized representative of a member

PRIYANKA REDDY MITTA

Typed or printed name of signee

Filing Fee: \$25.00