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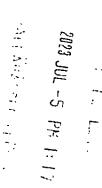
(Requestor's Name)
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PICK-UP WAIT MAIL
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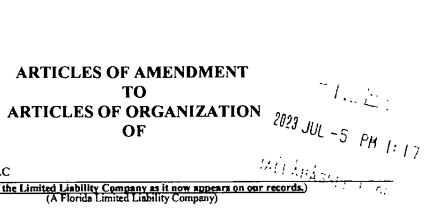


COVER LETTER

	gistration Se rision of Cor			the state of the s
		NALYTICS LLC		
SUBJECT:	_	Name of Lim	ited Liability Company	
ንግ 1		A d d ((mitted for Elina	
		Amendment and fee(s) are sub		
Please return	i all correspo	indence concerning this matter	to the following:	
		Raghunandan Reddy Alug	ubelli	
			Name of Person	
		SIGMA ANALYTICS LL	С	
			Firm/Company	
		10835 Sundrift Dr		
			Address	
		Tampa, FL, 33647		
			City/State and Zip Code	
		amreddy90@gmail.com E-mail address: (to be used for future annual report no	tification)
For further i	nformation c	oncerning this matter, please c	all:	
Raghunanda	an Reddy Alı	ıgubelli	813 203-7926	
-	Name o	f Person	at () Area Code Dayti	me Telephone Number
Englosed is	a check for th	ne following amount		
■ \$ 25.00 1		□ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee,
	g . 00	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
_			,	
Mailing Address: Registration Section		<u>Street Address:</u> Registration S	ection	
Di	vision of C	Corporations	Division of Co	-
P.(D. Box 632	. /	The Centre of	i aiianassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



SIGMA ANALYTICS LLC

(Name of the Limited Liability Company as it now appears on our recor

(A rionas Limite	a Lizziiiiy Company)	
The Articles of Organization for this Limited Liability Compar	ny were filed on _03/17/202	and assigned
Florida document number L22000133548		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited lis</u>	bility company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designati	on "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:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here: Name of New Registered Agent:	e address on our records	s, enter the name of the new register
New Registered Office Address:		
	Enter Florida stre	et address
		, Florida
- · · · · · · · · · · · · · · · · · · ·	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>ıt;</u>	
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	te performance of my di s provided for in Chapte	ities, and I am familiar with and er 605, F.S. Or, if this document is
ਜ਼ਿਲ੍ਹ	hanging Registered Agent, Sig	nature 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>	<u>Address</u>	Type of Action
CEO	Priyanka Reddy Mitta	10835 Sundrift Dr	□Add
		Tampa, FL, 33647	■Remove
			Change
			□ Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
		. 	□Remove
			□Change
			□ Remove
			□Change
			□Add
			🗆 Remove
			Change

amending an	y other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
<u></u>	
an effective date of the date	if other than the date of filing:(optional) is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020' is inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as crive date on the Department of State's records.
record specifies is filed.	s a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated	2023
	Signature of a member of authorized representative of a member
Ragh	nunandan Reddy Alugubelli
	Typed or printed name of signee

Filing Fee: \$25.00