Division of Corporations

Florida Department of State Division of Corporations Electionic Filing

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FAIR DATA ANALYTICS LLC

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AUG 17 2023

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Electronic Filing Menu Corporate Filing Menu

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATIONS OF

Fair Data 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 Co	05/01/202	3 , , ,
		and assigned
Florida document number L23000212575	_•	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u> </u>	
		دی . <u>ح</u>
		;
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		- 2
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	City	, Florida
New Registered Agent's Signature, if changing Registered	·	zip ζοαψ
		and the state of the state of
I hereby accept the appointment as registered agent as provisions of all statutes relative to the proper and conaccept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	mplete performance of my du ent as provided for in Chaptes	ties, and I am familiar with and r 605, F.S. Or, if this document is
	If Changing Registered Agent, Sign	nature of New Revistered Avent

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
MGR	Felix Komrash	20200 West Dixie Highway	X :Add
		STE 1107	□Remove
		Miami, FL 33180	Change
			□Add
			□Remove
			
			□Remove
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			FiAdd
			□Remove
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			Change
	·-··		□Add
			□Remove
			[]Change

To: 18506176383

From: Registered Agents Inc.

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ffective date, if other that an effective date is listed, the da	n the date of filing: ic must be specific and can	not be prior to date of fil	or the or more than 90 days at	otional) Ber (ilino) Pursuum 25 605 ()
ote: If the date inserted in t	ris block does not meet	the applicable statuto		
ocument's effective date on	ne Department of State	s records.		
record specifies a delayed et	fective date, but not an e	effective time, at 12:0	1 a.m. on the earlier of:	(b) The 90th day after the
is filed.				, , , , , , , , , , , , , , , , , , , ,
ated	20	023		
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1 1 m	Signature of a mem	1/1/1/17/1/	<i>^</i> -	

Typed or printed name of signee