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COVER LETTER

Division of Cor	porations ·			•		
	ANALYTICAL CONSULTIN	G TECHNOLGY SERVICES	LLC			
Name of Limited Liability Company						
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ndence concerning this matter	to the following:				
	TERENCE FARMER					
		Name of Person		-		
		Firm/Company		-		
	3032 NE 49TH STREET			_		
		Address				
	FORT LAUDERDALE, F	LORIDA 33308		_		
		City/State and Zip Code		-		
	terencefarmerconsulting@g					
	E-mail address: (to be used for future annual report	notification)			
For further information co	oncerning this matter, please c	all:				
TERENCE FARMER		321 247-232 at ()				
Name of	l'Person	Area Code Da	ytime Telephone Numbe	Γ		
Enclosed is a check for th	ne following amount:					
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	nte of Status &		
Mailing Addres	<u>s:</u>	Street Addres	<u>s:</u>			

Registration Section
Division of Corporations

TO:

Registration Section

P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FARMER ANALYTICAL CONSULTING TECHNOLGY SERVICES LLC

(Name of the Limited Liabi (A Florid	ollity Company as it now appears on our records.) ida Limited Liability Company)
The Articles of Organization for this Limited Liability (Florida document number 1.23000380551	Company were filed on AUGUST 14,2023 and assigned and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	mited liability company here:
FARMER ANALYTICAL CONSULTING TECHNOLOG	GY SERVICES LLC
The new name must be distinguishable and contain the words "Lin	imited 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 ADD	DRESS)
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
3. If amending the registered agent and/or registers	red office address on our records, enter the name of the new registe
gent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
	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 Changing Registered Agent, Signature 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>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
	apply the state of		□Add
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 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. SEPTEMBER 11 2023 Signature of a member or authorized representative of a member TERENCE FARMER Typed or printed name of signee