## L23000520/87

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## **COVER LETTER**

TO: Registration Section

Division of Corporations

	ATA SOLUTIONS LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Brian Groner				
		Name of Person		-	
	Duval Data Solutions LLC			<u> </u>	<b>7</b> 93
		Firm/Company		TAN	HAR
	2132 Ardencroft Drive			LAH	第一
	Jacksonville, Florida 3224	Address 6		ASSEE.	2024 HAR -4 AH 11:51
	brian.groner@me.com	City/State and Zip Code		- PA	5
	E-mail address: (	to be used for future annual report not	ification)		
For further information of	oncerning this matter, please o	all:			
Brian Groner		904 316-6165			
Name o	f Person	at () Area Code Daytin	ne Telephone Number	r	
Enclosed is a check for the	ne following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Stati	
Mailing Address Registration	Section	Street Address: Registration Se			
Division of C P.O. Box 632		Division of Co The Centre of			
Tallahassee, 1			rananassee oe Street, Suite 8	310	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Duvai Data Solutions LEC.		
( <u>Name of the Limited Lia</u> (A Flo	ability Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liabilities and the Liabilities of Organization for this Limited Liabilities and L23000520187	ty Company were filed on	and assigned
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
		2021 SEI
The new name must be distinguishable and contain the words "	Limited Liability Company," the designation "LLC" or	theathereviation "L.E.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET AL	ODRESS)	ASSET TO
Enter new mailing address, if applicable:		ESTATE FL
Mailing address MAY BE A POST OFFICE BOX		<u>-</u>
B. If amending the registered agent and/or registered agent and/or the new registered office address her		name of the new regis
Name of New Registered Agent:		*******
New Registered Office Address:	Enter Florida street address	<u>.</u>
	Liner i tortua street (daness	
	, Florid	
	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>	<u>Name</u>	Address	Type of Action
President	Brian Groner	2132 Ardencroft Drive Jacksonville, Florida 32246	<b></b>
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			□ Remove
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ective date, if other than the	date of filing:	(optional) or more than 90 days after filing.) Pursuant to 605.020
		or more than 90 days after filing.) Pursuant to 605,020 ling requirements, this date will not be listed as
ument's effective date on the De		•
cord specifies a delayed effectives filed.	: date, but not an effective time, at 12:01 а.п	n. on the earlier of: (b) The 90th day after the
February 29	2024	
erl		
Bris A	tan (a.	
Brian A	Tongs Signature of a member or authorized representation	ive of a member