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2024 FET -2 PM 5: 21

of 2115/2024

## **COVER LETTER**

TO: Registration Section

Division of Cor	porations						
· Mind Anali	sys LLC						
SUBJECT:	Name of Lim	ited 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:					
	Anaika Jimenz						
		Name of Person					
	**	Firm/Company	-				
	24013 SW 109 Path						
		Address					
	Homestead FL 33032						
		City/State and Zip Code					
	Anaika09@Gmail.com	to be used for future annual report not	(hertion)				
For further information c	oncerning this matter, please c	•	ПСавопу				
Anaika Jimenez		305 6390952					
Name o	f Person	at () Area Code Daytin	ne Telephone Number				
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)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				
Mailing Addres Registration S		<u>Street Address:</u> Registration Se	∞ction				
Division of Corporations		Division of Corporations					
P.O. Box 632 Tallahassee, 1		The Centre of	Tallahassee be Street, Suite 810				
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Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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Mind Analisys 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 01/08/2024 and assigned Florida document number \_\_\_\_\_L24000016877 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 "LLC." 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 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: New Registered Office Address: Enter Florida street address \_ Florida \_ City 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>	Name	Address	Type of Action
MGR	Anaika Jimenez	24013 SW 109 Path Homestead FLL 33032	□ Add
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	- <del></del>	<del></del>	□Add
			□Remove

Effective date, if other than the date of filing:  (optional)  (an effective date, if other than the date of filing:  (optional)  (an effective date is issed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (  Observed in the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a document's effective date on the Department of State's records.  Precord 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 distilled.  Dated  January 24th  2024  Signature of a member or authorized representative of a member		·····											
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