

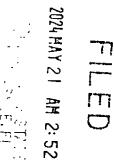
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COVER LETTER

TO:	Registration Se Division of Cor				
CUD IE		A ANALYTICS ASSOCIATE	S LLC		
SUBJE	LI;	Name of Lim	ited Liability Company		
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please re	eturn all correspo	ndence concerning this matter	to the following:		
		OLUJIMI JAMES MR			
			Name of Person		
		MU SIGMA ANALYTIC			
		Firm/Company 1905 BONSER ROAD			
			Address		
		MINNEOLA, FL. 34715			
			City/State and Zip Code		
		MIKEOJAMES@YAHOO			
		E-mail address: (to be used for future annual report not	fication)	
For furth	ner information c	oncerning this matter, please c	all:		
OLUJIN	MI JAMES MR		917 3717954		
	Name o	f Person	at ()Area Code Daytim	ne Telephone Number	
Enclosed	d 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)	\$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Address Registration		<u>Street Address:</u> Registration Se	ection	
	Division of C	Corporations	Division of Cor	rporations	
	P.O. Box 632 Tallahassee,		The Centre of T	Fallahassee & Street, Suite 810	
	i ananassee, i	ロレ コムスチサ	24 LJ 18, IVIONI O	r succi, suite o i v	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MU SIGMA ANALYTICS ASSOCIATES LLC (Name of the Limited Liability Company (A Florida Limited Liability Company)	y as it now appears on our records.)	
(A Florida Limited Li	ability Company)	
The Articles of Organization for this Limited Liability Company w	vere filed on APRIL 29, 2024	and assigned
Florida document number L24000198650		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
MU & SIGMA ANALYTICS LLC.		
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the	
Enter new principal offices address, if applicable:		2024
(Principal office address MUST BE A STREET ADDRESS)	· · · · · · · · · · · · · · · · · · ·	<u></u>
		<u> </u>
Enter new mailing address, if applicable:		; <u></u>
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		~
B. If amending the registered agent and/or registered office ad	idress on our records, enter the na	me 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 _	Zin Cook
	Cin	Tin Coda

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
		 	Remove
			Change
			🗀 Add
			□ Remove
			Change
		-	□ Add
		 	Remove
			Change
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			Remove
			🗀 Change
	-		🗆 Add
			Remove
			Change
			□Add
			Remove

fame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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If an cfi Note:	ive date, if other than the date of filing:
e recor rd is fi	rd 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 led.
Dated	·
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	OLUSI W. JAMES Typed or printed name of signee