Merritt Walker 8004323622 (02/05) 09/09/2025 02:10:12 PM

M17000003383

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H25000323735 3)))

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855)498-5500
Fax Number : (800)472-0533

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TALLAHASSEE, FLORIDA

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

Email Address: _____

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
AUTORESPONDER ANALYTICS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	$55.00

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K. SALY
SEP 10 2025

COVER LETTER

H25000323735 3

TO: Registration Section
Division of Corporations

SUBJECT: Autoresponder Analytics, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Paul Zelnick
Name of Person

Caldera Law
Firm/Company

7275 NW 1st CT, Unit 104
Address

Miami, FL 33150
City/State and Zip Code

Paul@Caldera.Law
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Paul Zelnick at (786) 321-3811
Name of Person Area Code & Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☐ $25 Filing Fee ☐ $30 Filing Fee & Certificate of Status ☐ $55 Filing Fee & Certified Copy ☐ $60 Filing Fee, Certificate of Status & Certified Copy

CR2E055 (9/15)

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

H25000323735 3

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of State: Autoresponder Analytics, LLC

Enter new principal office address, if applicable: 14 NE 1st Ave
Ste 1403 #144
Miami, FL 33132

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: 14 NE 1st Ave.
Ste 1403 #144
Miami, FL 33132

(Mailing address MAY BE A POST OFFICE BOX)

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2. The Florida document number of this limited liability company is: M17000003383

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: April 20, 2017

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company, " "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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 *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

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction: H25000323735 3

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

Title/ Capacity	Name	Address	Type of Action
MBR	David E. Mizrachi	3800 S Ocean Drive #801	☐Add
		Hollywood, FL 33019	■Remove
MBR	Jason Donapel	8325 NE 2nd Ave Suite 219	☐Add
		Miami, FL 33138	■Remove
MBR	Jason Donapel	14 NE 1st Ave., Ste 1403 #144	■Add
		Miami, FL 33132	☐Remove
			☐Add
			☐Remove
			☐Add
			☐Remove

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9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Jason Donapel
Signature of the authorized representative

Jason Donapel
Typed or printed name of signee

Filing Fee: $25.00