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(Re	questor's Name)	
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(Ad	aless)	
	(A) (A) (B)	-10
(Cit	y/State/Zip/Phone	<del>=</del> #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filina Officer:	
	. <b>3</b>	

Office Use Only

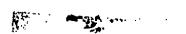


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#### **COVER LETTER**

TO: Registration Section Division of Corporations			
CAESARCO LLC			
SUBJECT: Name of Foreign	n Limited Lia	bility Co	mpany
Dear Sir or Madam:		-	, ,
Dear 3n of Madant.			
The enclosed application, certificate and fee(s)	are submitted	for filin	g.
Please return all correspondence concerning thi	s matter to the	e followi	uā:
Myung Ok Song			
Name of Person		<del>_</del>	
MC2 DATA LLC			
Firm/Company		<del></del>	
7154 N UNIVERSITY DRIVE #70			
Address			
TAMARAC, FL 33321			
City/State and Zip Code		<del>-</del>	
team@mc2data.com			
E-mail address: (to be used for future annual	report notific	ation)	
For further information concerning this matter,	please call:		
Mark Chin	302 at (	314-50	052
Name of Person	Area Cod	e & Dayt	time Telephone Number
Mailing Address:		Street A	ddress:
Registration Section		_	ration Section
Division of Corporations			on of Corporations
P.O. Box 6327			entre of Tallahassee
Tallahassee, FL 32314			l. Monroe Street. Suite 810 issee, FL 32303
Enclosed is a check for the following a	amount:		
□\$25 Filing Fee □ \$30 Filing Fee &	■ \$55 Filing	Fee &	☐ \$60 Filing Fee.
Certificate of Status	Certified (		Certificate of Status & Certified Copy
CR2E055 (9/15)			• •

2

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

#### SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears	s on the records of the Florid	a Department of
State: CAESARCO LLC	<u></u>	
( <u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u> )		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2.127 Fr. 5:
2. The Florida document number of this limited liab	bility company is: M180000	01860 5
Jurisdiction of its organization: DELAWARE		
4. Date authorized to do business in Florida: $\frac{02/21}{2}$	/2018	
5. New name of the limited liability company: RE (must	SEARCHENCE LLC contain "Limited Liability (	
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or man must contain "Limited Liability Company," "L.L.C	laging members adopting the	ng business in Florida and attach a e alternate name. The alternate name
6. If amending the registered agent and/or registered registered agent and/or the new registered office ad-	d officer address on our reco dress here:	ords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Flo.	rida Street Address
	City	Florida Zip Code
New Registered Agent's Signature, it changing Reg I hereby accept the appointment as registered agen the provisions of all statutes relative to the proper of and accept the obligations of my position as registe document is being filed to merely reflect a change is liability company has been notified in writing of this	it and agree to act in this cap and complete performance o rred agent as provided for in in the registered office addro	f my duties, and I am familiar with Chapter 605, F.S. Or, if this

<u>Name</u>	Address	Type of Action
 		DAdd
	<del></del>	□Rem
		□Rem
 		□Add
		□Rem
 		□Add
		□Rem
 	<del>-</del>	□Add
icate, if required: no more than 90	days old, evidencing the the official having custody of records	□Rem

Typed or printed name of signee

State of Delaware Secretary of State Delaware of Corporations Delaware 05:38 PM 04:06-2020 FILED 05:38 PM 04:06-2020 SR 20202628095 - FD:Number 6712505

# STATE OF DELAWARE CERTIFICATE OF AMENDMENT

The Certificate ous follows:	f Formation of the limited lia	Diff Company is needy
The name of	this entity is chan	ged to:
Researchenc	e LLC	
1		
]		
IN WITNESS	WHEREOF, the undersigned	have executed this Certific
IN WITNESS the 5	WHEREOF, the undersigned day of April	have executed this Certific
IN WITNESS the 5	WHEREOF, the undersigned day of April	have executed this Certific, A.D. 202
IN WITNESS the 5	WHEREOF, the undersigned day of April  By:	have executed this Certific, A.D. 202



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAMARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "CAESARCO LLC", CHANGING ITS NAME FROM "CAESARCO LLC" TO "RESEARCHENCE LLC", FILED IN THIS OFFICE ON THE SIXTH DAY OF APRIL, A.D. 2020, AT 5:38 O'CLOCK P.M.

6712505 8100 5R# 20202628895

Authentication: 202773080 Date: 04-15-20

You may verify this certificate online at corp.delaware.gov/authver.shtml