## P20000084907

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SECRETARY DE STATE

## **COVER LETTER**

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION:  $\underline{\underline{}}^{\text{TIBCO}}$  ANALYTICS INC DOCUMENT NUMBER: P20000084907 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: JOSE DOMINGUEZ Name of Contact Person TIBCO ANALYTICS Firm/ Company C/O 304 PALERMO AVE Address CORAL GABLES FL 33134 City/ State and Zip Code YRODRIGUEZ@DPBCPA.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (305) 448-5585 Area Code & Daytime Telephone Number JOSE DOMINGUEZ Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: **\$35** Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

## FILED

2022 JAN 13 AM 11: 38

TIBCO ANALYTICS INC (Name of Corporation as currently filed with the Florida Dep \ \varrangle \varrangle P20000084907 (Document Number of Corporation (if known) Pursuant to the provisions of section 607,1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: NIA name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp., "Inc." or Co.," or the designation "Corp." "Inc." or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A. C/O 304 PALERMO AVE B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>) CORAL GABLES FL 33434 C. Enter new mailing address, if applicable: C/O 304 PALERMO AVE (Mailing address MAY BE A POST OFFICE BOX) CORAL GABLES FL 333134 D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: , Florida New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position, Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer, CFO = Chief Financial Officer. If an officer director holds more than one title, list the first letter of each office held President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>V</u>	Mike Joi	n <u>es</u>	
X Add	<u>sv</u>	Sally Su	n <u>ith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove 3.) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add			· <del></del>	
Remove				

Attach addiriona	I sheets, if necessary	articles, enter change(s) 9. — (Be specific)	<del></del>		
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f an amendmer	it provides for an e	vchange, reclassificatio	n, or cancellation of	issued shares.	
provisions for i	mplementing the a	me <u>ndment if not conta</u>	ined in the amendm	ent itself:	
(if not appli	icable, indicate NA)				
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(4114					
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The date of each amendment(s) add date this document was signed.	ption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file	date)
Note: If the date inserted in this blo document's effective date on the Dep	ck does not meet the applicable statutory filing require artment of State's records.	ements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adop action was not required.	ed by the incorporators, or board of directors without sh	areholder action and shareholder
■ The amendment(s) was/were adop by the shareholders was/were suff	ed by the shareholders. The number of votes cast for the	e amendment(s)
☐ The amendment(s) was/were appromust be separately provided for ed	ved by the shareholders through voting groups. The fol ach voting group entitled to vote separately on the amen	lowing statement dment(s):
"The number of votes cast fo	r the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
Dated01105	12022	
Signature		
selected, l	ctor, president or other officer – if directors or officers how an incorporator – if in the hands of a receiver, trustee fiduciary by that fiduciary)	ave not been or other court
	(Typed or printed name of person signing)	
	4	
_	(Title of person signing)	
	(Title of person signing)	