L13000155009

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SECRETARY OF STATE

JUN 16 2015

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COVER LETTER

TO: Registr	ation Section n of Corporations		
	PHON ACCESS, LLC		
SUBJECT:	Name of L	imited Liability Company	
The enclosed Ar	ticles of Amendment and fee(s) are s	submitted for filing.	
Please return all	correspondence concerning this matt	ter to the following:	
		J. Timothy Onufrock	
		Name of Person	
		Typhon Access, LLC	
		Firm/Company	
		190 S. LaSalle Street, suite 300	0
		Address	
		Chicago, Illinois 60603	
		City/State and Zip Code	
		tonufrock@typhonaccess.com	
	E-mail addres	s: (to be used for future annual report r	notification)
For further infor	mation concerning this matter, please	e call:	
	J. Timothy Onufrock	312 757.5	001
	Name of Person	Area Code Day	time Telephone Number
Enclosed is a ch	eck for the following amount:		
■ \$25.00 Filin	g Fee \$\square\$ \$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 ADDRESS:

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

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

AM 8: 22

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	CCESS, LLC	
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) .iability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L13000155209	were filed on 11/05/2013 and assig	ned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
KETTERA STRATEGIES, LLC		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.	C."
Enter new principal offices address, if applicable:	190 S. LASALLE STREET SUITE 3000	
(Principal office address MUST BE A STREET ADDRESS)	CHICAGO, ILLINOIS 60603	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent:		f the new
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:	<u>.</u>	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of my duties, and I am familiar with provided for in Chapter 605, F.S. Or _v if this d e cui	i <u>za</u> nd Went is

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u>itle</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add
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			□ Change
			□ Remove
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ffective date, if other an effective date is listed, the lote: If the date inserted ocument's effective date	ne date must be specific and in this block does not r	d cannot be prior to date of filin neet the applicable statutory	g or more than 90 days after	ional) r filing.) Pursuant to 6 is date will not be li	605.020 isted a
e record specifies a The 90th day after		date, but not an effect	live time, at 12:01	a.m. on the ear	rlier o
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	June 12.				
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ated	June 12,	·	-wi	15 JUN SECRE	NOISIA
ated		member or authorized represe	ntative of a member	SECRETAN FAILAHASS	VISION OF
ated		Jan - 5	ntative of a member	SECRETARY OF FAILAHASSEE, FL	VISION OF CORP

Page 3 of 3

Filing Fee: \$25.00