

MILAD 0000 0565

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

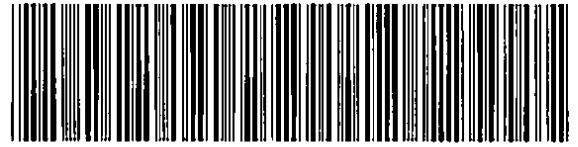
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300325778243

FILED

2019 MAR -5 AM 3:09

STATE TARIFF UNIT
TALLAHASSEE, FLORIDA

RECEIVED

19 MAR -5 PM 3:26

STATE TARIFF UNIT
TALLAHASSEE, FLORIDA

JC
3-6-19

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

Date: 3/5/2019

Acc#I20160000072

en: 12W

Name:	ASGK PUBLIC STRATEGIES LLC
Document #:	
Order #:	11472376 LINE 16

Certified Copy of Arts & Amend:	☐			
Plain Copy:	☐			
Certificate of Good Standing:	☐			
	☐			
Apostille/Notarial Certification:	☐		Country of Destination:	
			Number of Certs:	

Filing: ☒	Certified: ☒
	Plain: ☐
	COGS: ☐

PLEASE PROCESS AS A 1 - 2 FILING

1. CANCELLATION OF ASSUMED NAME

2. FILING OF AMENDMENT

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 55.00

Thank you!

**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 on the records of the Florida Department of

State: ASGK Public Strategies LLC

Enter new principal office address, if applicable: _____

(Principal office address

MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: _____

(Mailing address

MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M16000000565

3. Jurisdiction of its organization: Illinois

4. Date authorized to do business in Florida: 1/21/2016

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

5. New name of the limited liability company: Kivvit, LLC

(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

FILED

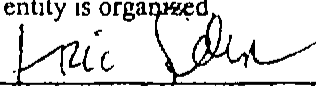
2016 MAR -5 AM 8:06
STATE OF FLORIDA
TALLAHASSEE

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

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

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

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


Signature of the authorized representative

Eric Sedler, Manager

Typed or printed name of signee

Filing Fee: \$25.00

FILED
2019 MAR -5 PM 6:00
TALLAHASSEE, FLORIDA