

L13000 122701

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

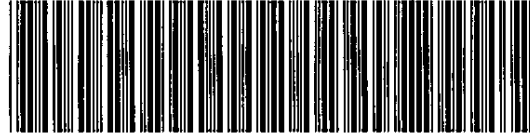
(Business Entity Name)

(Document Number)

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1316 JUN 27 P 4:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

S Warren
JUN 28 2016

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Kenected LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Vincent Wallace

Name of Person

Kenected

Firm/Company

1301 Riverplace Blvd Suite 800 Unit A66

Address

Jacksonville, FL 32207

City/State and Zip Code

Vincent1.Wallace@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Vincent Wallace

at (904) 4513073

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| ☒ \$25.00 Filing Fee | ☐ \$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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

The Active Match LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 08/23/2013 and assigned
Florida document number L13000122701

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Kenected LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

1301 Riverplace Blvd Suite 800

(Principal office address MUST BE A STREET ADDRESS)

Jacksonville, FL 32207

Enter new mailing address, if applicable:

1301 Riverplace Blvd Suite 800

(Mailing address MAY BE A POST OFFICE BOX)

Unit A66

Jacksonville, FL 32207

B. If amending the registered agent and/or registered office 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:

N/A

New Registered Office Address:

N/A

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

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CLERK OF STATE
JACKSONVILLE, FLORIDA

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

MGR = Manager

AMBR = Authorized Member

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

FILED
 2021 JUN 27
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

Typed or printed name of signee

FILED
JUL 27 PM 4:39
1961
SECRETARY OF STATE
TALLAHASSEE FLORIDA