

L15000148972

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

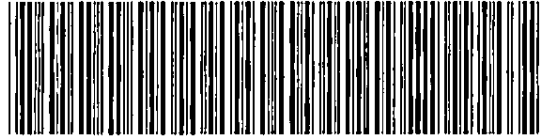
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2024 FEB -2 AM 6:37
TALLAHASSEE
FL

AB

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KINETICS GEOSPATIAL, 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:

STEPHANIE TOMAINO ROBINSON
Name of Person

KINETICS GEOSPATIAL, LLC
Firm/Company

310 JACKSON POINT CIR
Address

HUNTSVILLE, AL 35811
City/State and Zip Code

SROBINSON@KINETICS GEO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

STEPHANIE ROBINSON at (407) 501-8375 or 303-710-9201
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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

FILED

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

2024 FEB -2 AM 6:37

The Articles of Organization for this Limited Liability Company were filed on 8-31-2015 and assigned
Florida document number L15000148972

This amendment is submitted to amend the following:

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

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:

(Principal office address MUST BE A STREET ADDRESS)

7901 4th ST N
STE 816Z
ST PETERSBURG, FL 33702

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

316 JACKSON POINT CTR
HUNTSVILLE, AL 35811

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: _____

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

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

[illegible]

[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.

Dated Feb 28, 2024

Donna Robinson

Signature of a member or authorized representative of a member

STEPHANIE L TOMA AND ROBINSON

Typed or printed name of signee

Filing Fee: \$25.00



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 20, 2024

STEPHANIE TOMAINO ROBINSON
316 JACKSON POINT CENTER
HUNTSVILLE, AL 35811

SUBJECT: KINETICS GEOSPATIAL LLC
Ref. Number: L15000148972

We have received your document for KINETICS GEOSPATIAL LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA PROFIT CORPORATION, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler
Regulatory Specialist II

Letter Number: 224A00003660