

L16000026545

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

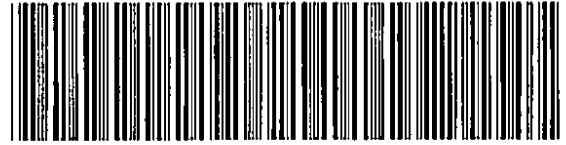
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000409376660

05/03/02 --010201--012 **25.01

FILED

MAY 30 PM 3:01

[Handwritten signature]

KIL INTERNATIONAL LLC

KIL INTERNATIONAL LLC
246 West Broadway
New York NY 10013

212-660-0900 Phone

Delle Mediodia
delle@bigfoot.com

212- 468-5465 Direct

KIL INTERNATIONAL LLC | 246 West Broadway | New York NY 10013

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

April 17, 2023

RE: Change of Registered Name and Agent

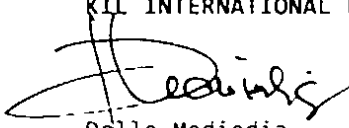
To Whom It May Concern:

Enclosed is the Filing Forms for the Change of Registered Name and Agent for KIL INTERNATIONAL LLC to NETCAST LLC and Check No. 2004 amounting to \$25.00 as Filing fee.

Should you have questions, please feel free to send an email to delle@bigfoot.com

Thank you,

KIL INTERNATIONAL LLC



Delle Mediodia

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KIL INTERNATIONAL 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:

MICHAEL GLEISSNER

Name of Person

NETCAST LLC

Firm/Company

4 Taylor Street

Address

Millburn, NJ 07041

City/State and Zip Code

07041.us@bigfoot.com

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

For further information concerning this matter, please call:

MICHAEL GLEISSNER

212

796-4304

at ()

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**

KIL INTERNATIONAL 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 FEBRUARY 8, 2016 and assigned Florida document number L16000026545.

This amendment is submitted to amend the following:

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

NETCAST 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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

EUGENE D. MONDRUS

New Registered Office Address:

160 SW 7TH CT

Enter Florida street address

POMPANO BEACH

City

, Florida 33060-8398

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


<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

[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.

April 12 2023



Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00