

L17000053362

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

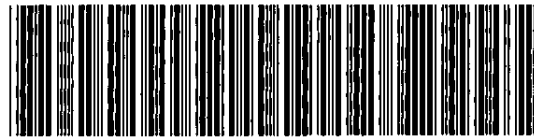
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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17 APR -6 AM 8:33

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17 APR -6 PM 3:25
DEPARTMENT OF STATE

APR 07 2017
J. HARRIS

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.Incserv.com
e-mail: info@incserv.com



ORDER FORM

TO: Florida Department of State
Division of Corporations, Clifton
Building
2661 Executive Center Circle
Tallahassee, FL 32301
corphelp@dos.myflorida.com
850-245-6051

FROM: Melissa Stops
mstops@incserv.com
850.656.7953

REQUEST DATE: 4/6/2017

PRIORITY: Routine

OUR REF. # (Order ID#): 568565

ORDER ENTITY:
KETONE TECHNOLOGIES, LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

KETONE TECHNOLOGIES, LLC (FL)

File the attached amendment

Please provide a certified copy as evidence.

NOTES:

\$55 total authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: FCA000000031

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in cursive script that reads "Melissa".

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

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

Ketone Technologies, 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 March 7, 2017 and assigned
Florida document number L17000053362.

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:

2780 E. Fowler Ave.

(Principal office address MUST BE A STREET ADDRESS)

#226

Tampa, Florida 33612

Enter new mailing address, if applicable:

2780 E. Fowler Ave.

(Mailing address MAY BE A POST OFFICE BOX)

#226

Tampa, Florida 33612

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

City, **Florida**

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>
Pres.	Dominic P. D'Agostino	2780 E. Fowler Ave.	<input type="checkbox"/> Add
		#226	<input type="checkbox"/> Remove
		Tampa, Florida 33612	<input checked="" type="checkbox"/> Change
VP	Csilla Ari D'Agostino	2780 E. Fowler Ave.	<input type="checkbox"/> Add
		#226	<input type="checkbox"/> Remove
		Tampa, Florida 33612	<input checked="" type="checkbox"/> Change
Sec	Csilla Ari D'Agostino	2780 E. Fowler Ave.	<input type="checkbox"/> Add
		#226	<input type="checkbox"/> Remove
		Tampa, Florida 33612	<input checked="" type="checkbox"/> Change
Trea	Csilla Ari D'Agostino	2780 E. Fowler Ave.	<input type="checkbox"/> Add
		#226	<input type="checkbox"/> Remove
		Tampa, Florida 33612	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

17 APR -6 AM '88

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TAMPA, FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 March 30, 2017

Dr. Linda M. Whipple

Signature of a member or authorized representative of a member

Csilla Ari D'Agostino

Typed or printed name of signee

17 APR -5 AM 8:33

FILED
FEDERAL BUREAU OF INVESTIGATION
U. S. DEPARTMENT OF JUSTICE
WASHINGTON, D. C. 20535