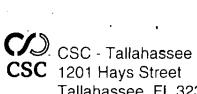
# L11000115014

(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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Special Instructions to Filing Officer:

Office Use Only



200417140472



Tallahassee, FL 32301-2607 850-558-1500, Ext: 61592

To: Department Of State, Division Of Corporations

From: Alexxis Weiland-Sorenson

Ext: 61592 Date: 10/12/23 Order #: 1290147-1

Re: Kinect Consulting, LLC Processing Method: Routine

### TO WHOM IT MAY CONCERN:

Enclosed please find:

Amount to be deducted from our State Account: \$25.00 - FL State Account Number: 12000000195

Please take the following action:

File in your office on be Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

# **COVER LETTER**

	tration Section of Corpo			
	Cinect Consu			
SUBJECT: _	<u>.</u>	Name of Limi	ited Liability Company	
The enclosed A	Articles of Ar	mendment and fee(s) are subi	mitted for filing.	
Please return al	ll correspond	lence concerning this matter t	to the following:	
		Teresa Redman		
			Name of Person	
		World Kinect Corporation		
			Firm/Company	<del></del>
		9800 NW 41st Street		
			Address	<del></del>
		Miami, FL 33178		
		legalnotices@wfscorp.com	City/State and Zip Code	
		E-mail address: (t	to be used for future annual report noti	tication)
for further info	ormation con	cerning this matter, please ca	ill:	
Teresa Redma			305 323-8161 at ()	
	Name of P	erson	Area Code Daytim	e Telephone Number
Enclosed is a cl	heck for the	following amount:		
□ \$25.00 Fili	ing Fee	S30.00 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

2023 OCT 12 AMII: 24

Kinect Consulting, 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  $\frac{5/25/2017}{}$ Florida document number L17000115014 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Kinect Technologies, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 9800 NW 41st Street Enter new principal offices address, if applicable: Miami, FL 33178 (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: Corporation Service Company Name of New Registered Agent: 1201 Hays Street New Registered Office Address: Enter Florida street address \_\_\_\_. Florida 32301 Zip Code Tallahasee

### 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.

alixio Weilard-Sirenson, Aux

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>	Name	Address	Type of Action
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			□Remove
			□ Change
			□Add
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Effective date, if other than the ran effective date is listed, the date mus Note: If the date inserted in this bl document's effective date on the D	ock does not meet th	e applicable statt	filing or more than 90 c tory filing requireme	_ (optional) lays after filing.) Pur ents, this date will	suant to 60 not be lis	5.0207 (3 ted as the
record specifies a delayed effectived is filed.	e date, but not an eff	ective time, at 12	:01 a.m. on the earli	er of: (b) The 90	th day afte	er the
Dated October 12	202	3				
		<del></del>				