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TO: Registration S Division of Co				
VERIKEY	TECHNOLOGIES, LLC		÷.	
SUBJECT:		ited Liability Company		
	Name of Lim	neu chaonny company		
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	bondence concerning this matter	to the following:		
	Evan Brovenick			
		Name of Person		
		Firm/Company		
	856 Broken Sound Pkwy #	106		
		Address		
	Boca Raton, FL 33487			
	······································	City/State and Zip Code	;	
	erb@verikey.us E-mail.address: (	to be used for future annua	l report potitic	ation)
For further information	concerning this matter, please ca		••••	
Evan Brovenick			35-2080	
	of Person	at () Area Code		Felephone Number
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Enclosed is a check for	the following amount:			
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee Certified Copy tadditional copy is en		\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Regis Divis P.O. 1	LING ADDRESS: tration Section ion of Corporations Box 6327 hassee, FL 32314	Registra Divisior Clifton I	T/COURIE ation Section 1 of Corporati Building secutive Cent	

Tallahassee, FL 32301

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## VERIKEY TECHNOLOGIES, LLC

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

The Articles of Organization for this Limited Liability Company were filed on  $\frac{02/13/2018}{18000040122}$  and assigned Florida document number  $\frac{L18000040122}{18000040122}$ .

This amendment is submitted to amend the following:

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

KNWN Technologies, LLC

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

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. <u>enter the name of the new</u> registered agent and/or the new registered office address here:

Name of New Registered Agent:		<u> </u>	
New Registered Office Address:		SSS -	
<u>_</u>	Enter Florida street address		
	, Florida	FLO PA	Ti
	City	Zi- Zip Code C	フ
and the second		· · · · · · · · · · · · · · · · · · ·	

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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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

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<u>Title</u>	Name	<u>Address</u>	<b>Type of Action</b>
			🗆 Add
		·····	Remove
			Change
			Add
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E. Effective date, if other (If an effective date is listed <u>Note:</u> If the date insert document's effective date	, the date must be spec ed in this block doe	rific and cannot be pri is not meet the appl	or to date of tiling icable statutory f	or more than 90 days af		
(f the record specifies (b) The 90th day afte			iot an effectiv	e time, at 12:01	l a.m. on the ear	lier of:
Dated April 30.		2018				
· · ·	- I T					

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Evan Brovenick

Typed or printed name of signce

Page 3 of 3

Filing Fee: \$25.00