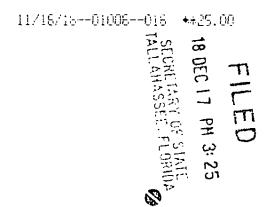
1180000 48426

(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



500320752075



TSCHROEDER

4

COVER LETTER

	gistration Sec vision of Corp			
end meet.	Kinetic Ente	erprise Solutions LLC		
SUBJECT	·	Name of Lim	ited Liability Company	
The enclose	ed Articles of z	Amendment and fee(s) are sub-	mitted for filing.	
Please retur	n all correspoi	ndence concerning this matter	to the following:	
		Venus Caruso		
			Name of Person	
		MISE Holdings LLC		
Firm/Company				
		11350 SW Village Pkwy, 3	rd Floor	
			Address	
		Port St. Lucie, FL 33458	34457	
		venus.caruso@mischoldings	City/State and Zip Code s com	
		E-mail address: (to be used for future annual report notific	cation)
For further	information co	oncerning this matter, please ea	alt:	
Venus Caru	so		561 329-4684 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	e 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, Ft, 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kinetic Enterprise Solutions LLC				
(Name of the Limi	ted Liability Compa (A Florida Limited)	ny as it now appears (Liability Company)	on our records.)	
The Articles of Organization for this Limited L Florida document number 1.18000048426	iability Company	were filed on <u>02/22</u>	2/2018	and assigned
This amendment is submitted to amend the following	owing:			
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 "LLC."				
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the desi	ignation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		11350 SW Village	Pkwy, Third Floor	
(Principal office address MUST BE A STREE	cipal office address MUST BE A STREET ADDRESS)		33458 34487	>0 _A
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and registered agent and/or the new registered of	/or registered o	Port St. Lucie, FL.	Pkwy, Third Floor 23458 ろイミン our records, <u>enter</u>	B DEC 17 PH 3: 20f the new
Name of New Registered Agent:				
New Registered Office Address:	11350 SW Villa	age Pkwy, Third Floc		
	Port St. Lucie	Enter Floride	t street address Florida ³³	1511- 34487
		City	F101 Kld	158- 34487 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:

AMBR =	Authorized Member		<u>-</u>
<u>Title</u>	Name	Address	Type of Action
MGR	NeoCo LLC	6767 N Wickham Rd 4001	□ Add
		Melbourne, FL 32940	■ Remove
			☐ Change
			□ Add
		***	☐ Remove
			Remove
			NAME OF THE PARTY
			PHOREMONE PHOREM
			□ Add
			☐ Remove
			Change
			□ Add
			☐ Remove
			□ Change
			□ Remove
			P O

			· 			
		 		, -		
						
		 				
<u> </u>						
	1000					
						- · · ·
						. &
						물 .
					202 202	
					777. 773.	Υ G <mark>P</mark>
			<u> </u>		710	<u> </u>
		· · · · · · · · · · · · · · · · · · ·				
						
		e specific and cannot	of be prior to date of	filing or more than 90 day	(optional)	25
ian effecti Note: If t	date, if other than the dive date is listed, the date must the date inserted in this block	ik does not meet t	application statu	, ,	is, this date win he	
fan effecti Note: If t	ive date is listed, the date must b	eartment of State's	s records.	, , ,	is, this date will lit	
fan effecti Note: If i locument ie recor	ive date is listed, the date must the date inserted in this bloom	eartment of State's	s records.			
fan effecti Note: If t document de recor The 90	ive date is listed, the date must lead the date inserted in this blood it's effective date on the Depart of specifies a delayed	eartment of State's effective date, rd is filed.	s records.			
fan effecti Note: If i document ne recor The 90	ive date is listed, the date must the date inserted in this blook?'s effective date on the Deport of specifies a delayed of the day after the record	eartment of State's effective date, rd is filed.	s records. , but not an eff			
fan effecti Note: If i document ne recor The 90	ive date is listed, the date must the date inserted in this block it's effective date on the Depart specifies a delayed of the day after the recommon November 6	effective date, rd is filed.	s records. , but not an eff	ective time, at 12		
If an effecti Note: If i document he recor	ive date is listed, the date must the date inserted in this block it's effective date on the Depart specifies a delayed of the day after the recommon November 6	effective date, rd is filed.	s records. , but not an eff			

Page 3 of 3

Filing Fee: \$25.00