## L22000 122 466

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	· #)
PICK-UP	MAIT	MAIL
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(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to		
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Office Use Only



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SIGN OF CORPORATIONS
ON OF CORPORATIONS

77 JUN -7 PM 2: 31

T. MATTHEWS
JUN 17 2022

## **COVER LETTER**

Tallahassee, FL 32314

TO: Registra Division				
	Tech LLO	2		
SUBJECT:		Name of Lim	ited Liability Company	<del></del>
The enclosed Artic	cles of Ai	mendment and fee(s) are sub	emitted for tiling.	
Please return all co	orrespond	lence concerning this matter	to the following:	
		Jacqueline Quiroga		
			Name of Person	·
		ZenBusiness INC		
			Firm/Company	· <del></del> -
	Name of Person			
			Address	
		Austin, Texas, 78731		
		fulfillment@zenbusiness.co	•	<del></del>
		E-mail address: (	to be used for future annual report no	otification)
For further inform	ation con	cerning this matter, please c	all:	
Jacqueline Quirog	ga c/o Zer	Business INC		
3	Name of P	erson	Area Code Dayti	me Telephone Number
Enclosed is a chec	k for the	following amount;		
<b>■ \$25.00</b> Filing	Fee	_	Certified Copy	Certificate of Status & Certified Copy
Registra Divisior		ction porations	Registration S Division of Co	
P.O. Bo		L	The Centre of	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO SECRETARY OF STATE ARTICLES OF ORGANIZATION OF CORPORATIONS OF

F 22 JUN -7 PM 2:31

KynTech LLC		
( <u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number <u>L22000122466</u>	Company were filed on 03/10/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lir	mited liability company here:	
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	DRESS)	
Enter new mailing address, if applicable:		···-
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here:		e name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flori	da
	Cin <sup>.</sup>	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, <u>enter the title</u>, <u>name</u>, <u>and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	LaKyndra Williams	400 Northwest 7th Avenue	□Add
		14130	
		Fort Lauderdale, FL 33311	■Change
<del></del>	<del></del>		□Add
			□Remove
			[]Change
			□Add
		<u></u>	Remove
			□Change
			□Add
			□Remove
		<del></del>	□Add
		<del></del>	□Remove
			□Change
			□Add
			□Remove
			☐ Change

	/s/ 1 a <b>K</b>	yndra Williams				
ted May 17th		. 2022				
ecord specifies a delayed effectis filed.	tive date, but no	t an effective time	, at 12:01 a.m. o	n the earlier of: (	b) The 90th da	y after the
n effective date, if other than to neffective date is listed, the date rote: If the date inserted in this cument's effective date on the	nust be specific and block does not i	d cannot be prior to o meet the applicabl	late of filing or me e statutory filing	re than 90 days after	er filing.) Pursuant	to 605.0207 be listed as
fective date, if other than t	he date of filin	σ:		(ont	ional)	
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Filing Fee: \$25.00