

M14000000712

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

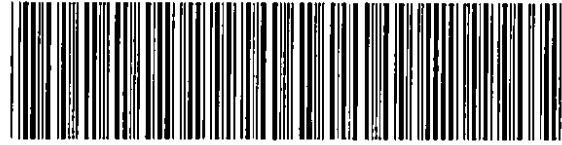
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900418860469

FILED

2023 DEC - 6 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

2023 DEC - 6 PM 12:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 19, 2023

COGENCYGLOBAL

SUBJECT: BLACK KNIGHT ORIGATION TECHNOLOGIES, LLC
Ref. Number: M14000000712

We have received your document for BLACK KNIGHT ORIGATION TECHNOLOGIES, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The MBRM Black Knight Techonologies the name has to listed as it appears on DOS records.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan
Regulatory Specialist III

Letter Number: 423A00027898

RECEIVED
2023 DEC 20 PM 12:11
SECRETARY OF STATE
DIVISION OF CORPORATIONS



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: 1200000000088

Date: 12/20/2023

Name: Juliana

Reference #: 2204911

Entity Name: Black Knight Origination Technologies, LLC

☐ Articles of Incorporation/Authorization to Transact Business

☒ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other _____

Please retain original
filing date

Authorized Amount: \$25.00

Signature: Juliana Prestia

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Black Knight Origination Technologies, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Allison Hoffman

Name of Person

Perseus Management Group Inc.

Firm/Company

11350 McCormick Rd., EP3, Ste 200

Address

Hunt Valley MD 21031

City/State and Zip Code

allison.hoffman@csiperseus.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Allison Hoffman

Name of Person

at (437)

374-8541

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Black Knight Origination Technologies, LLC

Enter new principal office address, if applicable: _____

(Principal office address
MUST BE A STREET ADDRESS)

601 Riverside Avenue

Jacksonville FL 32204

Enter new mailing address, if applicable: _____

(Mailing address
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M1400000071

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 02/21/14

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: Dark Matter Technologies LLC
(must contain "Limited Liability Company," "LLC," or "L.L.C.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "LLC," or "L.L.C.")

6. If amending the registered agent and/or registered officer 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

_____, Florida
_____, City _____, 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

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>Bonnie Wilhelm</u>	<u>11350 McCormick Rd., EP3, Ste 200</u>	<input checked="" type="checkbox"/> Add
		<u>Hunt Valley MD 21031</u>	<input type="checkbox"/> Remove
<u>MGR</u>	<u>Vipin Khullar</u>	<u>11350 McCormick Rd., EP3, Ste 200</u>	<input checked="" type="checkbox"/> Add
		<u>Hunt Valley MD 21031</u>	<input type="checkbox"/> Remove
<u>MGR</u>	<u>Dexter Salna</u>	<u>11350 McCormick Rd., EP 3, Ste 200</u>	<input checked="" type="checkbox"/> Add
		<u>Hunt Valley MD 21031</u>	<input type="checkbox"/> Remove
<u>MBRM</u>	<u>Black Knight Technologies, LLC</u>		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required; no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Allison Hoffman

Signature of the authorized representative

Allison Hoffman

Typed or printed name of signee

Filing Fee: \$25.00

CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

2023 DEC -6 AM 9:00

FILED

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "BLACK KNIGHT ORIGINATION TECHNOLOGIES, LLC", CHANGING ITS NAME FROM "BLACK KNIGHT ORIGINATION TECHNOLOGIES, LLC" TO "DARK MATTER TECHNOLOGIES LLC", FILED IN THIS OFFICE ON THE FOURTEENTH DAY OF SEPTEMBER, A.D. 2023, AT 4:36 O'CLOCK P.M.



A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

5164291 8100
SR# 20233496933

Authentication: 204167023
Date: 09-14-23

You may verify this certificate online at corp.delaware.gov/authver.shtml

STATE OF DELAWARE
CERTIFICATE OF AMENDMENT
OF CERTIFICATE OF FORMATION

The undersigned authorized person, desiring to amend the limited liability company formation pursuant to Section 18-202 of the Limited Liability Company Act of the State of Delaware, hereby certifies as follows:

1. The name of the limited liability company is Black Knight Origination Technologies, LLC.

2. The Certificate of Formation of the limited liability company is hereby amended as follows:

Delete Paragraph 1 and replace it as follows:

1. The name of the limited liability company is Dark Matter Technologies LLC.

By: 
Authorized Person

Name: Allison Hoffman
Print or Type