

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855) 498-5500
Fax Number : (800) 432-3622

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CADREON, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

***PLEASE PROVIDE
ORIGINAL
SUBMISSION DATE OF
8/8/2019***

Electronic Filing Menu

Corporate Filing Menu

Help

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19 AUG -8 PM 11:20

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August 9, 2019

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CADREON, LLC
800 WATERFORD WAY
MIAMI, FL 33126

SUBJECT: CADREON, LLC
REF: M19000003232

***PLEASE PROVIDE ORIGINAL
SUBMISSION DATE OF 8/8/2019***

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

FAX Aud. #: H19000237365
Letter Number: 919A00016371

**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: Cadreon, LLC

Enter new principal office 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)

2. The Florida document number of this limited liability company is: M19000003232

3. Jurisdiction of its organization: DE

4. Date authorized to do business in Florida: 04/01/2019

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

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

(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," "L.L.C." or "LLC.")

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.

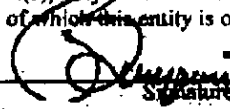
If Changing Registered Agent, Signature of New Registered Agent

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)(e), indicate that change:

<u>Title/Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input 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.



Signature of the authorized representative
Andrew Bonzani

Typed or printed name of signee

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA

Delaware

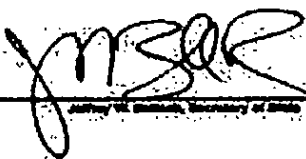
The First State

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 "CADREON, LLC", CHANGING ITS NAME FROM "CADREON, LLC" TO "KINESSO, LLC", FILED IN THIS OFFICE ON THE FIFTH DAY OF AUGUST, A.D. 2019, AT 8:58 O'CLOCK A.M.

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TALLAHASSEE, FLORIDA




Jeffrey W. Bullock, Secretary of State

4678781 8100
SR# 20196325448

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

Authentication: 203345479
Date: 08-05-19

Taylor Seay 8004323622

(08/08) 08/09/2019 10:42:32 AM

State of Delaware
Secretary of State
Division of Corporations
Delivered 08:59 AM 08/09/2019
FILED 08:59 AM 08/09/2019
SR 20196325448 - File Number 4678781

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DELAWARE STATE
TALLAHASSEE, FLORIDA

**STATE OF DELAWARE
CERTIFICATE OF AMENDMENT
OF
CADREON, LLC**

1. The name of the limited liability company is **Cadreon, LLC.**
2. The Certificate of Formation of the limited liability company is hereby amended as follows:
 - "1. The name of the limited liability company is **Kinesso, LLC.**"
3. All other provisions of the Certificate of Formation shall remain in force and effect.

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Amendment to the Certificate of Formation of Cadreon, LLC this 5th day of August 2019.

By: /s/Andrew Bonzani
Name: Andrew Bonzani
Title: Authorized Person