10/18/21, 9:10 AM

Division of Corporations



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA0000000023 Phone : (614)280-3338 : (954)208-0845 Fax Number

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

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Page, 4 of 7

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)	LAHAS
1. Name of limited liability Company as it appears	on the records of the Florida Dep	įm _o
State: AIMIA US LLC		
Enter new principal office address, if applicable:		O-: -
(<u>Principal office address</u> 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 liab		
3. Jurisdiction of its organization: Delaware		
4. Date authorized to do business in Florida:	4/2021	
SECTION II (5-9 complete only the applicable c		
5. New name of the limited liability company: KC (must	SONITIV US LLC Contain "Limited Liability Comp	any, ""L.L.C" or "L.L.C")
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or man must contain "Limited Liability Company," "L.L.C	aging members adopting the alter	iness in Florida and attach a nate name. The alternate name
6. If amending the registered agent and/or registere registered agent and/or the new registered office ad	d officer address on our records, g	inter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Emer Florida S	Treet Address
		_, Florida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

Thereby 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.

06176383	Page: 5 of 7	2021-10-18 07:13:11 CST	12122023573	From; Kimberly L
ocuSign Envelope ID: 3294BC 7. If the amenda		AAA1C779 ction of organization, indicate ne	w jurisdiction;	
8. If the amendn	nent changes person, title	or capacity in accordance with 6	05.0902(1)(e), indicate that	change:
Title/ Capacity	<u>Name</u>		Address	Type of Action
				□Add
				□Remove
				□Add
				□Remove
				□ Add
				□Remove
				□Add
				□Remove
				□Add
aforemention	certificate, if required: and amendment(s), duly under the law of which the	no more than 90 days old, evider authenticated by the official havinis entity is organized. Signature of the authorized re	ng custody of records in th	FILED 2021 OCT 18 PM

Filing Fee: \$25.00

Kevin Gross, Manager

Typed or printed name of signee

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Kognitiv_

CONSENT TO USE OF NAME

KOGNITIV (US) CORPORATION, a corporation organized under the laws of the State of Delaware, hereby consents to the use of the name KOGNITIV US LLC in the State of Florida.

IN WITNESS WHEREOF, the said KOGNITIV (US). CORPORATION has caused this consent to be executed by its Secretary, this 13th day of October, 2021.

KOGNITIV (US) CORPORATION

By: Hattlew Rosen

By: Matthew Rosen

Matthew Rosen, Secretary

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2021 OCT 18 PH 1: 29
PALCATARY OF STATE
TALLAHASSEF, FI DELLA



Page 1

From: Kimberly Laughrey

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 'AIMIA US LLC', CHANGING ITS NAME FROM "AIMIA US LLC" TO "KOGNITIV US LLC", FILED IN THIS OFFICE ON THE SIXTEENTH DAY OF SEPTEMBER, A.D. 2021, AT 6:39 O'CLOCK P.M.



Authentication: 204202894

Date: 09-20-21