L17000248334

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Special Instructions to	Filing Officer.	





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COVER LETTER

TO:	Registration Se Division of Cor			u.
SURIE		romotions LLC	·	
SUBJECT: Name of Limited Liability Company				
The end	closed Articles of .	Amendment and fee(s) are sub-	nitted for filing.	
Please r	eturn all correspo	ndence concerning this matter t	to the following:	
		Carl Knowles-Buchanan		
		Kniteowl Promotions LLC	Name of Person	
		3671 Derbyshire Rd Apt	Firm/Company 207	
		Casselberry, Florida 3270	Address 07	
		kniteowlpromotions@gma	City/State and Zip Code il.com	
		E-mail address: (to	o be used for future annual report notifi-	cation)
For furt	her information co	oncerning this matter, please ca	11:	
Carl Kr	nowles-Buchana	n	850 590-6088 at ()	
<u>-</u> -	Name of	Person	Area Code Daytime	Telephone Number
Enclose	d 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, FL 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**

Kniteowl Promotions LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	nny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 12/05/2017	and assigned
lorida document number L17000248334		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	oility company here:	
y at Knite Entertainment LLC		
ne new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the a	abbreviation "L.L.C."
nter new principal offices address, if applicable:	3671 Derbyshire Rd Apt 207	
Principal office address MUST BE A STREET ADDRESS)	Casselberry, FL 32707	2019
		<u> </u>
nter new mailing address, if applicable:	3675 Derbyshire Rd Box 402	12
Mailing address MAY BE A POST OFFICE BOX)	Casselberry, FL 32707	79
		79
. If amending the registered agent and/or registered or egistered agent and/or the new registered office address her		r the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida _	
	City	Zip Code

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:

MGR = Manager

<u> Fitle</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Change
			□ Remove
			Change
·			
			Remove
			Change
			Remove
			□ Change
			Add
			□ Remove
			Change
			□ Remove
			Change

• .	on, enter change(s) here: (Attach additional sheets, if necessary.)
	
•	
Effective date, if other than the da (If an effective date is listed, the date must b Note: If the date inserted in this block document's effective date on the Depart	ate of filing:
the record specifies a delayed e) The 90th day after the recor	effective date, but not an effective time, at 12:01 a.m. on the earlier of: d is filed.
Dated	2019
	Carl Knowles-Buchanan
Si	gnature of a member or authorized representative of a member
Carl Knowles-Buchanan	
	Typed or printed name of signee

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Filing Fee: \$25.00