118000144886

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
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COVER LETTER

TO:

Registration Section **Division of Corporations**

KNUSUR.	ANT, LLC		
30bace 1.	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	MARION STEWART		
	 .	Name of Person	
		Firm/Company	
	330 EAGLES LANDING		
	LAKELAND, FLORIDA	Address 33810	
	MSTEWART@HILLCOU	City/State and Zip Code R.COM	
		to be used for future annual report not	ification)
For further information of	concerning this matter, please c	all:	
MARION STEWART		863 825-4180 at ()	
Name o	of Person	at () Area Code Daytim	ne Telephone Number
Enclosed is a check for t	he 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)
Regist	JNG ADDRESS: ration Section on of Corporations	STREET/COUR Registration Section Division of Corpo	on
P.O. B	sox 6327 assee, FL 32314	Clifton Building 2661 Executive Co	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KNUSURANT, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on JUNE 12, 2018 and assigned Florida document number L18000144886 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 0 B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: N/A Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	John Miranda	4830 W. Kennedy Blvd., Suite 100 Tampa, Florida 33609	□ Add
			B Add
			■ Remove
			Change
MGR	John Miranda	4830 W. Kennedy Blvd., Suite 100 Tampa, Florida 33609	■ Add
			Remove
			☐ Change
~			Add
			☐ Remove
			Change
			Remove
			Change
			Remove
			Change
			Add
			Remove
			Change

D. II an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
E. Effec	rtive date, if other than the date of filing:
<u>Note</u>	ctive date, if other than the date of filing:
If the ro (b) Th	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Date	Signature of a member or authorized representative of a member
	Sudan Crin
	Signature of a member or authorized representative of a member

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Typed or printed name of signee

Filing Fee: \$25.00