## LZZ 000063321

	(Requestor's Name)	
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(City/State/2	Zip/Phone #)	
PICK-UP	WAIT MAIL	
(Business E	ntity Name)	
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Certified Copies Co	ertificates of Status	
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FILED
2022 MAR 31 PM 7: 51
SECRETARY OF STATE
TALLAHASSEE, FL

J SIMMONS APR 1 4 2022

## **COVER LETTER**

Registration Section

**Division of Corporations** 

Tallahassee, FL 32314

TO:

SUBJECT:	KNOW LLC		<del> </del>				
	Name of Lim	ited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.					
	ondence concerning this matter	-					
	Emma McCabe						
		Name of Person					
		Firm/Company	<del></del>				
	7028 Cypress Bridge Driv	e N					
		Address					
	Ponte Vedra Beach, FL 32	082					
	elmccabe21@gmail.com	City/State and Zip Code	<del></del>				
	E-mail address: (	to be used for future annual report not	ification)				
For further information c	oncerning this matter, please c	all:					
Emma McCabe		404 987-5881					
Name o	f Person		ne Telephone Number				
Enclosed is a check for the	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)				
<u>Mailing Addres</u> Registration S		<u>Street Address:</u> Registration Se	ection				
Division of C		Division of Corporations					
P.O. Box 632	27	The Centre of 7	Fallahassee				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO FILED ARTICLES OF ORGANIZATION OF 2022 HAR 31 PH 7: 51

SECRETARY OF STATE

(Name of the Limited Liability Company as it now appears on MAL Local Liability Company) The Articles of Organization for this Limited Liability Company were filed on February 7th, 2022 \_\_\_ and assigned Florida document number L22000063321 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices 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) 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address \_\_\_\_. Florida \_\_\_\_

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

AGIRLWEKNOW LLC

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>	Address	Type of Action
AP	Chris McCabe	7028 Cypress Bridge Drive N	□Add
		Ponte Vedra Beach, FL 32082	■Remove
			□Change
AP	Audrey McCabe	7028 Cypress Bridge Drive N	
		Ponte Vedra Beach, FL 32082	=Remove
			□Change
			□Add
			□Remove
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ord specifie filed.	s a delaye	ed effective c	late, b	out not an e	ffective tin	ne, at 12:0	l a.m. on the e	arlier of: (b)	The 90th day a	fter t
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TT. F. COFOC