## 123000188339

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
V JEETH,				
E23 8 - C23				





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11/21/23--01014--003 \*\*25.00

SECRETARY OF STATE

## **COVER LETTER**

FO: Registration Section Division of Corporations					
	IKNOWT LLC				
Name of Limited Liability Company					
The enc	osed Articles of Amendment and fee(s) are submitted for filing.				
	eturn all correspondence concerning this matter to the following:				
	MARK LUCAS				
	MARK LUCAS  Name of Person  LLC				
	Firm/Company				
	11603 TANGLE STONE De				
	Gibsonton H 33534  City/State and Zip Code				
	City/State and Zip Code  MRMARKELUCAS @ GMALLICOM  E-mail address: (to be used for future annual report notification)				
or furti	ner information concerning this matter, please call:				
M	Name of Person  Name of Person  Area Code  Daytime Telephone Number				
	Name of Person Area Code Daytime Telephone Number				
inclose	I is a check for the following amount:				
□ \$25	00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing Fee.  Certificate of Status \$\Bigcup \$ Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)				
	Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303				

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

	OF		20 E//	_			
TKNOW	T	_L C	3023 NOV 21 P	-D			
(Name of the Limited Liability Company as it now appears on our records App Of Second Liability Company)							
he Articles of Organization for this Limited Liability forida document number <u>L 2300188</u>	y Company wei		15/23	and assigned			
his amendment is submitted to amend the following:	:						
. If amending name, enter the new name of the li	LC						
ne new name must be distinguishable and contain the words "I.	Limited Liability C	Company," the designation	on "LLC" or the abb	reviation "L.L.C."			
nter new principal offices address, if applicable:	_	4 4 WOYL	X LLC				
Principal office address MUST BE A STREET AD	<u>DRESS)</u>	61603	ANGLE ANGLE	5TWR DR 33534			
nter new mailing address, if applicable: <u>Aailing address MAY BE A POST OFFICE BOX</u> )	- - -	DAWON POB	LX LL( 0X 843 fun, F1 3	3534			
. If amending the registered agent and/or registered office address on our records, enter the name of the new registered ent and/or the new registered office address here:							
Name of New Registered Agent:	MAY	2X Lu	CAS				
New Registered Office Address:	1603 1	AMBLE S	Tune D	2			
	oibsont	Enter Florida stres O M City	et address , Florida	23534 Zip Code			

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

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

f amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added r removed from our records:

1GR = Manager

MBR = Authorized Member

itle	<u>Name</u>	<u>Address</u>	Type of Action
1612	ILONAPro	kopchik 316 EAST 49th Apt	BD □Add
		New York, NY 10011	(Nemove
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			🗆 Add
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Effect	ve date, if other than the date of filing:
(If an eff	ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)( If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
docum	ent's effective date on the Department of State's records.
u co	
	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
rd is fi	ed.
Dated	11/17/23 . 2023
	$M \cap M \cap M \cap M$
	Signature of a member or authorized representative of a member
	WARL LUCAS
	MARIL LUCAS
	Typed or printed name of signee

Filing Fee: \$25.00

. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)					
- W/H					

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