

LO3000 040966

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

☐ MAIL

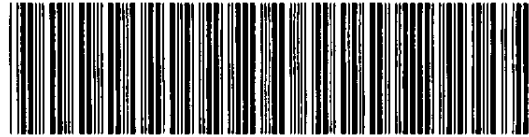
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

SEP 06 2013  
J. Shivers

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: J K KNOX ENTERPRISES, LLC**

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Jeffrey Knox**

Name of Person

**J K KNOX ENTERPRISES, LLC**

Firm/Company

**36444 Pikmar Dr.**

Address

**Zephyrhills, FL 33541**

City/State and Zip Code

**Jknoxconstruction@yahoo.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Jeffrey Knox**

Name of Person

at **(813) 545-0565**

Area Code & Daytime Telephone Number

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Enclosed is a check for the following amount:

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input checked="" type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

**J K KNOX ENTERPRISES, 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 10/17/2003 and assigned  
Florida document number L03000040966.

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 end with 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)**

Jeffrey Knox

36444 Pikmar Dr.

Zephyrhills, Fl. 33541

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

36444 Pikmar Dr.

Zephyrhills, Fl. 33541

**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:

Jeffrey Knox

New Registered Office Address:

36444 Pikmar Dr.

*Enter Florida street address*

Zephyrhills

*City*

Florida 33541

*Zip Code*

**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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Kathy Knox	5938 Forest Ln.	<input type="checkbox"/> Add
		Zephyrhills, Fl. 33542	<input checked="" type="checkbox"/> Remove
MGR	Jeffrey Knox	36444 Pikmar Dr.	<input type="checkbox"/> Add
		Zephyrhills, Fl. 33541	<input checked="" type="checkbox"/> Remove
MGRM	Jeffrey Knox	36444 Pikmar Dr.	<input checked="" type="checkbox"/> Add
		Zephyrhills, Fl. 33541	<input type="checkbox"/> Remove
MGR	Michael Knox	5434 Seville Dr.	<input checked="" type="checkbox"/> Add
		Zephyrhills, Fl. 33541	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

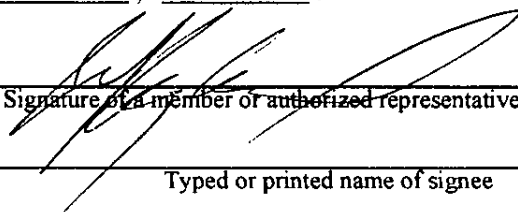
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Dated 08/29, 2013

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
**Jeffrey Knox**  
\_\_\_\_\_  
Typed or printed name of signee

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Filing Fee: \$25.00

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