

L04000043916

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

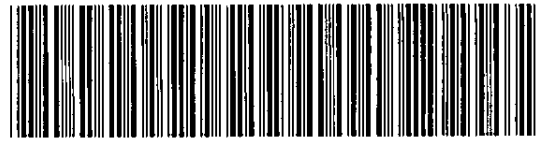
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

M. MILLIGAN  
EXAMINER

DEC 04 2015

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# CURTIN LAW ROBERSON DUNIGAN & SALANS

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November 23, 2015

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: Knock Knock, LLC  
Document #L04000043916

Dear Sir or Madam:

Enclosed for filing is a Limited Liability Company Reinstatement Form along with Articles of Amendment changing the name of the company. A check in the amount of \$1,373.75 to cover the reinstatement fee, delinquent annual report fees, and amendment filing fee is also enclosed.

If you need anything further, please let me know. Thank you for your assistance in this matter.

Sincerely,



Vicki S. Baker  
Legal Assistant

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED  
15 DEC -1 AM 9:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

KNOCK KNOCK, 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 6/10/2004 and assigned  
Florida document number L04000043916.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

KNOCK KNOCK II, LLC

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 \_\_\_\_\_

*City*

*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 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> | <u>Type of Action</u>           |
|--------------|-------------|----------------|---------------------------------|
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
|              |             | _____          | <input type="checkbox"/> Remove |
|              |             | _____          | <input type="checkbox"/> Change |
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
|              |             | _____          | <input type="checkbox"/> Remove |
|              |             | _____          | <input type="checkbox"/> Change |
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
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|              |             | _____          | <input type="checkbox"/> Change |
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
|              |             | _____          | <input type="checkbox"/> Remove |
|              |             | _____          | <input type="checkbox"/> Change |

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

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective 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)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated

Handwritten signature and date 11/19, 2015

Signature of a member or authorized representative of a member

David M. Schwarz

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA