## 604000049003

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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A. LUNT
DEC 1 4 2010

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**EXAMINER** 



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November 15, 2010

ROB MOLNAR 17691 DEER ISLE CIR. WINTER GARDEN, FL 34787

SUBJECT: GOLDEN KNIGHT ENTERPRISES, LLC

Ref. Number: L04000049003

We have received your document for GOLDEN KNIGHT ENTERPRISES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt Regulatory Specialist II

Letter Number: 210A00026745

## **COVER LETTER**

Division of Co	orporations					
SUBJECT:	Golden Knig	ht Enterprises, LLC				
SUBJECT:		ited Liability Company				
	of Amendment and fee(s) are sul	-				
Please return all corresp	oondence concerning this matter	to the following:				
		Rob Moinar				
		Name of Person				
	Gölden Knight Enterprises, LLC					
		Firm/Company		্ৰেব	<b>6</b> .3	
	1	17691 Deer Isle Circle			2010 DEC	•
		Address		HAS	33(	
	Wi	Winter Garden, FL 34787			3	First Sire
		City/State and Zip Code		<u> </u>	PH 12: 87	
		nolnar23@gmail.com to be used for future annual report n	otification)		: 67	
For further information	concerning this matter, please of	call:				
	Rob Molnar	at (_321 )	331 1905			
Name of Person			time Telephone Nu	umber	<del></del>	
Enclosed is a check for	the following amount:					
<b>✓</b> \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclo	Cer sed) Cer	00 Filing I tificate of tified Cop ditional co	Status by	
w			 	ne.		

MAILING ADDRESS:

TQ:

Registration Section

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

ompany as it now appeanited Liability Company) npany were filed on		
npany were filed on	06/29/2004	
	00/23/2004	and assigned
d liability company he	<u>re</u> :	
"Limited Liability Comp	any," the designation "L	LC" or the abbreviation
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	our records, <u>enter t</u>	he name of the ne
<del></del>		
En	nter Florida street addi	ress
City <sup>,</sup>	, Fibrida	Zip Code
	En	ed office address on our records, enter the shere:  Enter Florida street address, Florida

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>	Address	Type of Action
<u>MGRİM</u>	Kimberly A Molnar	17691 Deer Isle Circle Winter Garden FL 34787	Add ☐ Remove
		,	Add
			Remove
		7.11 17 (4) 17 (4) 17 (4)	Add Remove
	· .	<u> </u>	
			Remove 75
		हाँ हो । इस स्थापन	Add Remove
			Add Remove
D. If amend	ling any other information, enter char	nge(s) here: (Attach additional sheets, if necessary.)	
			_
-			<del></del>
Dated	11.02 , 2	2010	
	Signature of a memb	per or authorized representative of a member	· ·
	•	Rob Molnar	
	Туре	ed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00