

L06000067456

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

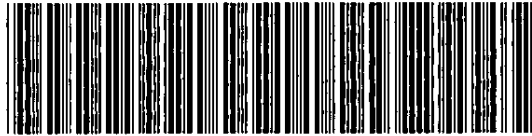
(Business Entity Name)

(Document Number)

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04/19/10--01014--004 **25.00

FILED
10 APR 19 AM 7:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

APR 20 2009

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: KNIGHT INVESTMENTS 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:

MONTELLY LOPEZ

Name of Person

KNIGHT INVESTMENTS LLC

Firm/Company

189 SOUTH ORANGE AVE STE 1550S

Address

ORLANDO FL 32801

City/State and Zip Code

ACCOUNTING@KNIGHTINVESTMENTSLLC.COM

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

FILED
10 APR 19 AM 7:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

MONTELLY LOPEZ

Name of Person

at (888)

746-9841

Area Code & Daytime Telephone Number

Enclosed is a check for the 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)

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**

KNIGHT INVESTMENTS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
10 APR 19 AM 1:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 07/03/2006 and assigned

Florida document number L06000067456

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:

189 SOUTH ORANGE AVE STE 1550S

(Principal office address MUST BE A STREET ADDRESS)

ORLANDO FL 32801

Enter new mailing address, if applicable:

189 SOUTH ORANGE AVE STE 1550S

(Mailing address MAY BE A POST OFFICE BOX)

ORLANDO FL 32801

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:

NICHOLE CHRISTINE LOPEZ

New Registered Office Address:

3085 SUNSET LANE

Enter Florida street address

COCOA

Florida

32922

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 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.

Nicole C. Lopez
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

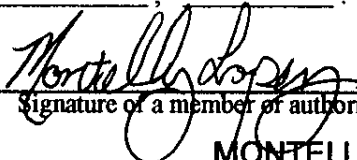
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	LOPEZ, CHRISTOPHER K	315 HAMPTON AVENUE	<input type="checkbox"/> Add
		ORLANDO FL 32803	<input checked="" type="checkbox"/> Remove
MGR	LOPEZ, JAYSON	129 CARMEL BAY DRIVE	<input type="checkbox"/> Add
		SANFORD FL 32771	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

MONTELLY LOPEZ CFO IS 100% OWNER SHARE.

Dated APRIL 16, 2010



Signature of a member or authorized representative of a member

MONTELLY LOPEZ

Typed or printed name of signee

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10 APR 19 AM 7:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA