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COVER LETTER

Г О :	Registration Section Division of Corpo		P	•		
SUBJE	CT.	KNIGHT IN	VESTMENTS LLC			
30 DJ1:		Name of Limi	ted Liability Company			
The end	closed Articles of Ar	nendment and fee(s) are sub	omitted for filing.			
Please	return all correspond	ence concerning this matter	to the following:			
		M	ONTELLY LOPEZ JR.			
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)						
		,	·	ation)		
For fur	ther information con	cerning this matter, please c	all:			
	MONTEL	LY LOPEZ JR	at (_321)5	505-5067		
Name of Person		erson	Area Code & Daytime	Telephone Number		
Enclose	ed is a check for the	following amount:				
\$2 5	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 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

1	
FILED 10 MAY 10 PM 2 SECRETARY OF ST FALLAHASSEE, FLOO	2: 33 AIE RIDA:

(Name of the Limited Liab) (A Florid	ility Company as it now appea da Limited Liability Company)	rs on our records.	EE, FLORIDA:
The Articles of Organization for this Limited Liability Florida document number		07/03/2006	and assigned
This amendment is submitted to amend the following	; :		
A. If amending name, enter the new name of the l	imited liability company he	<u>re</u> :	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Compa	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	DRESS)		
	 		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office a		our records, <u>enter t</u>	he name of the ne
Name of New Registered Agent:			
New Registered Office Address:	P	tan Flanida atauat - 11	
	En	ter Florida street addi	ress
	City	, Florida	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 **Type of Action** Address Title <u>Name</u> MGR CHRISTOPHER K LOPEZ 315 N HAMPTON AVE ✓ Add Remove ORLANDO FL 32803 **JAYSON LOPEZ** MGR 315 N HAMPTON AVE ✓ Add Remove ORLANDO FL 32803 ☐ Remove □Add Remove □Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) **MAY 07** 2010 Dated r authorized representative of a member MONTELLY LOPEZ JR Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00