

L06000067456

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

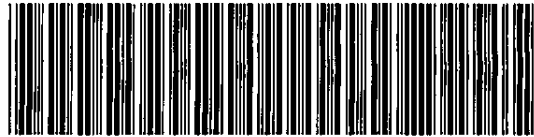
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Colligan MAY 11 2010

## 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 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)

For further information concerning this matter, please call:

**MONTELLY LOPEZ JR**

Name of Person

at ( **321** )

**505-5067**

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

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r records.)

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

Page 1 of 2

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:

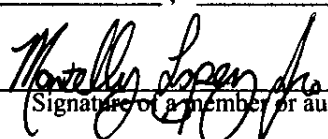
MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	CHRISTOPHER K LOPEZ	315 N HAMPTON AVE ORLANDO FL 32803	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	JAYSON LOPEZ	315 N HAMPTON AVE ORLANDO FL 32803	<input checked="" type="checkbox"/> Add <input 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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

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TALLAHASSEE, FLORIDA

Dated MAY 07, 2010

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
MONTELLY LOPEZ JR  
\_\_\_\_\_  
Typed or printed name of signee