L0600067456

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						



100187076291

10/29/10--01019--013 **30.00

SECRETARY OF STATE ON DIVISION OF CORPURATIONS

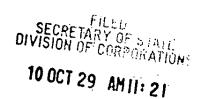
Office Use Only

COVER LETTER

то:	Registration Sec Division of Corp			4 · · ·
SUBJE	CT:	KNIGHT IN	VESTMENTS LLC	
БОВ ДЕ			ted Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspor	ndence concerning this matter	to the following:	
			MONTELLY LOPEZ	
			Name of Person	
		KNIG	HT INVESTMENTS L	LC
			Firm/Company	
			P.O. BOX 1473	
			Address	
		OB	LANDO FL 32802-147	2
		UR	City/State and Zip Code	<u> </u>
		ACCOUNTING@	KNIGHTINVESTMEN to be used for future annual repor	ITSLLC.COM
		E-mail address: (to be used for future annual repor	rt notification)
For fur	ther information co	oncerning this matter, please of	eall:	
	MON ⁻	TELLY LOPEZ	at (321)	505-5067
	Name of		Area Code & I	Daytime Telephone Number
Enclose	ed is a check for th	e following amount:		
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is en	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Boy 6327		Registration		
		Division of C		

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



KNIGHT INVES						
(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on our recor liability Company)	<u>'ds.</u>)				
The Articles of Organization for this Limited Liability Company	were filed on07/03/20	and assigned				
Florida document numberL06000067456						
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liab	ility company here:					
Control of the second						
The new name must be distinguishable and end with the words "Limi"L.L.C."	ted Liability Company," the design	ation "LLC" or the abbreviation				
Enter new principal offices address, if applicable:	189 SOUTH ORANGE A	VE				
(Principal office address MUST BE A STREET ADDRESS)	ORLANDO FL 32801					
Enter new mailing address, if applicable:	P.O. BOX 1473					
(Mailing address MAY BE A POST OFFICE BOX)	ORLANDO FL 32802-1473					
B. If amending the registered agent and/or registered of		enter the name of the new				
registered agent and/or the new registered office address her	<u>e:</u>					
Name of New Registered Agent:						
New Registered Office Address:						
	Enter Florida street address					
	, Flor					
	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.

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	JOHNSON, THOMAS	3085 SUNSET LANE COCOA FL 32922	Add Remove
ener)			Add Remove
	All opposites a contraction of the		Add Remove
	CAR SERVICE OF THE PARTY OF THE	2005 SUNSTILLAND	Add Remove
			Add Remove
			Add Remove
D. If am	ending any other information, enter change(s	s) here: (Attach additional sheets, if necessary.)	
	Change MGRM Lopez M	ontelly CFO South M6 opher K M6R Lopez S to: 189 South Ora 3280	DIVISION OF A 10 OCT 29
Dated	MON	authorized representative of a member ITELLY LOPEZ printed name of signee	FILED FIARY OF STATE OF CORPORATIONS

Page 2 of 2

Filing Fee: \$25.00