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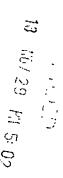
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(Re	questor's Name)	
	 	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
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COVER LETTER

· ·			COVER LETTER	
	gistration Sec vision of Corp			
SUBJECT:	Knight-Gard	iner, LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	d Articles of A	amendment and fee(s) are sub	mitted for filing.	
Please return	all correspon	dence concerning this matter	to the following:	
		Erica H. Sterling, Esq.		
			Name of Person	
		Spottswood, Spottswood, S	Spottswood & Sterling, PLLC	
			Firm/Company	· · · · · ·
		500 Fleming Street		
			Address	
		Key West, FL 33040		
		will@keysrealestate.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report	notification)
For further in	nformation co	ncerning this matter, please co	all:	•
Benton W. I	angley		305 394-9026 at ()	9
	Name of	Person	Area Code Day	rtime Telephone Number
Enclosed is a	a check for the	following amount:		
□ \$25.00 F	îling 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

(Name of the Lim	ited Liability Company as it now (A Florida Limited Liability Con	appears on our records.) appany)
		on October 20, 2006 and assigned
Florida document number L06000102472	·	
This amendment is submitted to amend the following	llowing:	
A. If amending name, enter the new name	of the limited liability comp	any here:
		្នំ
The new name must be distinguishable and contain the	words "Limited Liability Company	c," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	<u>:</u>
Principal office address MUST BE A STRE		·.
		•
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE	EBOX)	
) 16 I'. al	1/	
s. If amending the registered agent and registered agent and/or the new registered (C*	ess on our records, enter the name of th
Name of New Registered Agent:	Benton W. Langley	
New Registered Office Address:	336 Duval Street	
New Registered Office Address.	E	ner Florida street address
	Key West	, Florida
	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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added of removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Claude J. Gardner Jr, PA	336 Duval Street	□ Add
		Key West, Florida 33040	■ Remove
		 	□ Change
MGR	B. William Langley, PA	336 Duval Street	
		Key West, Florida 33040	■ Remove
			□ Change
MGR	MGR Benton William Langley	336 Duval Street	□ Add
		Key West, Florida 33040	☐ Remove
			Change
		Add ☐ Add	
		☐-Remove	
			- ← C C C C C C C C C C C C C C C C C C
			□ Remove
		· · · · · · · · · · · · · · · · · · ·	☐ Change
			□ Add
			Remove
			Change

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		<u>, , , , , , , , , , , , , , , , , , , </u>
Effective date, if other than the d If an effective date is listed, the date must	late of filing: be specific and cannot be prior to date o	(optional) f filing or more than 90 days after filing.) Pursuant to 605.0207 (
Note: If the date inserted in this blood document's effective date on the Dep	ck does not meet the applicable stat	utory filing requirements, this date will not be listed as t
accument s effective date on the Dep	ratinent of state s records.	
ne record specifies a delayed	effective date, but not an ef	fective time, at 12:01 a.m. on the earlier of:
The 90th day after the reco		
October 1	2018	
Dated October 1		
	SAM	
	Signature of a member or authorized rep	presentative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00