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## **COVER LETTER**

Division o	f Corporations		
SUBJECT: KNI	GHTSHIFT ENTERPRIS	SES, LLC	
SUBJECT.		mited Liability Company)	
The enclosed Articl	es of Amendment and fee(s) are sul	bmitted for filing.	
Please return all con	respondence concerning this matter	r to the following:	
	Kelly K. Daacon		
	(	Name of Person)	O7
	KnightShift Enterprise	s, LLC	ARET ARE
		Firm/Company)	TARY PASSE
	425 S. Avalon Park I	Blvd., Suite 1000 #350	شور دات اتاران
		(Address)	2:2:2 ORIG
	Orlando, FL 32828		₽m 0
		State and Zip Code)	
For further informa	tion concerning this matter, please	cail:	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Kelly K	. Daacon	at (_407) 497-7	
	(Name of Person)	(Area Code & Daytime	; Telephone Number)
Enclosed is a check for	or the following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee &	\$55.00 Filing Fee &	\$60.00 Filing Fee,
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
			(additional copy is enclosed)

MAILING ADDRESS:

Registration Section

TO:

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

<u> </u>	KNIGHTSHIFT ENTERPRISES, LLC
	(Present Name) (A Florida Limited Liability Company)
FIRST:	The Articles of Organization were filed on
SECOND	: This amendment is submitted to amend the following:
	PRINCIPAL OFFICE ADDRESS and MAILING ADDRESS have changed to:
	425 South Avalon Park Blvd.
	Suite 1000 #350
	Orlando, FL 32828
	158R 758R
	1.57 <del>M</del> 72:
	<u> </u>
Dated M	larch 19
	4 20
	Signature of a member or authorized representative of a member
	Kelly K. Daacon

Filing Fee: \$25.00

Typed or printed name of signee