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SECRETARY OF STATE
TALL AHASSEE, FLORID/

COVER LETTER

Div	ision of Corp	orations			
SUBJECT:		rust Company, LLC			
SOBJECT.		Name of Limit	ted Liability Company		
The enclosed	d Articles of A	mendment and fee(s) are subn	mitted for filing.		
Please return	all correspon	dence concerning this matter t	to the following:		
		Adam Parish			
			Name of Person	-	
		The Henry Knox Company,	, LLC		
Firm/Company					
		12524 Aldershot Lane			
		-	Address		
		Windermere, FL 34786			
			City/State and Zip Code		
		asparish@gmail.com			
			o be used for future annual r	eport notification)	
For further in	nformation cor	ncerning this matter, please ca	III:		
Adam Parish	ı		407 470. at ()	8858	
	Name of I	Person		Daytime Telephone	Number
Enclosed is a	a check for the	following amount:			
■ \$25.00 F	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	nsed) C	50.00 Filing Fee, Certificate of Status & Certified Copy additional copy is enclosed)

TO:

Registration Section

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

New Urban Trust Company, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our recornability Company)	rds.)
The Articles of Organization for this Limited Liability Company	were filed on 5/21/2007	and assigned
Florida document number L07000054135		
This amendment is submitted to amend the following:		
If amending name, enter the new name of the limited liab	ility company here:	
The Henry Knox Company, LLC		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LL	.C" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		SEC.
Trincipal office address MOST BE A STREET ADDRESS	,	APR APR
		S N
		2333 Z
nter new mailing address, if applicable:		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		95 7
		호교 1
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>ente</u>	r the name of the new regi
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addr	ase
	ғлиет ғ ңоғына міген адағы	293
	, F	FloridaZip Code
	Ċūįv	гір Соағ

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 or removed from our records:

MGR =	Manager	
AMBR =	Authorized Member	

<u>Title</u>	Name	Address	Type of Action
			🗆 Add
			□Remove
			□Change
			□ Change □ Add □ Remove □ Change □ Add □ Remove □ Add □ Remove □ Add □ Remove □ Change □ Change □ Change
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fective date, if other than th	e date of filing:	(optional)	Diaminant to 66	יב חיי
ote: If the date inserted in this b	block does not meet the applicable statute	ory filing requirements, this date	will not be lis	sted a
ocument's effective date on the I	Department of State's records.			
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ecord specifies a delayed effecti is filed.	ve date, but not an effective time, at 12:0	Ha.m. on the earlier of: (b) Th	e 90th day ait	er the
	2020			
March 21 ited				
nted March 21	. /.			
Adam Par	Signature of a member or authorized repres			

Filing Fee: \$25.00