## L07000108620

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

TO:

TO:	Registration S Division of Co			
SURIE	·CT•	KNIGHT E	XPERTS REALTY	
Septiet.			ited Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please 1	return all corresp	ondence concerning this matter	to the following:	
			MONTELLY LOPEZ	
			Name of Person	
KNIC		KNIG	SHT INVESTMENTS LLC	
			Firm/Company	
			P.O. BOX 1473	
			Address	
		O.B.	LANDO FL 32802-1473	
		OR	City/State and Zip Code	<del> </del>
		ACCOUNTING@	@KNIGHTINVESTMENTSLI	.C.COM
		E-mail address: (	to be used for future annual report notific	ation)
For furt	her information	concerning this matter, please of	call:	
	MON	ITELLY LOPEZ	at ( 321 )	505-5067
		of Person	Area Code & Daytime	
Enclose	ed is a check for t	the following amount:		
<b>\$</b> 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)
	Regist Divisi P.O. B	LING ADDRESS: ration Section on of Corporations Box 6327 assee, FL 32314	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323	tions ter Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compar (A Florida Limited L	S REALIY	rs on our records.)		
(A Florida Limited L	iability Company)	_		
The Articles of Organization for this Limited Liability Company	were filed on	10/25/2007	and assigned	d
Florida document numberL07000108620				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company he	<u>re</u> :		
The new name must be distinguishable and end with the words "Limit "L.L.C."	ted Liability Comp	any," the designation "	LLC" or the abbre	viatio
Enter new principal offices address, if applicable:				<u>,                                     </u>
(Principal office address MUST BE A STREET ADDRESS)				
			· <del></del> ···	
Enter new mailing address, if applicable:	P.O. BOX 14	173		
(Mailing address MAY BE A POST OFFICE BOX)	ORLANDO FL 32802-1473			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		our records, <u>enter</u>	the name of the	<u>e nev</u>
Name of New Registered Agent:			<b>翠</b> 翁 - 3	
New Registered Office Address:			深 8。	77
-	Ei	nter Florida street add	dress 8	Afarracia Carresene C
<del></del> -	City	, Florida	Mico D F	
New Registered Agent's Signature, if changing Registered Agent:	City		25 CO.	
THE PERSON OF THE PROPERTY OF THE PERSON OF				

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 Changing Registered Agent, Signature of New Registered Agent

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>	Address	Type of Action
			Add Remove
<u>MGRM</u>	KNIGHT INVESTMENTS	189 SOUTH ORANGE AVENUE ORLANDO FL 32801	Add Remove
	<del></del>		Add Remove 
			Add Remove
<del></del>			Add Remove
			Add Remove
D. If amendin	ng any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	_
			<del></del>
	OCTOBER 27 , 201	0	<del>-</del> -
Dated	Montelly Somer	or authorized representative of a member	
_	MOI	NTELLY LOPEZ	
_	Typed o	r printed name of signee	

Page 2 of 2

Filing Fee: \$25.00