L090000 74655

| (Re | questor's Name) |) | |
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| | WAIT | MAIL | |
| (Bu | siness Entity Na | me) | |
| (Document Number) | | | |
| Certified Copies | _ Certificate | s of Status | |
| Special Instructions to | Filing Officer: | | |
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Office Use Only



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SECRETARY OF STATE
SECRETARY OF STATE

M. THOMAS

SEP 3 2009

EXAMINER

COVER LETTER

| Division of Co | | | |
|---------------------------|---|---|--|
| SUBJECT: | Knot | at Work, LLC | |
| | Name of Limi | ted Liability Company | |
| The enclosed Articles o | of Amendment and fee(s) are sub | omitted for filing. | |
| Please return all corresp | ondence concerning this matter | to the following: | |
| | | Mark Goldman | |
| | | Name of Person | |
| | | Knot at Work, LLC | |
| | | Firm/Company | |
| | ······································ | 16721 SW 86th court | |
| | | Address | |
| | | Miami, FL 33157 City/State and Zip Code | 74.0 |
| | | City/State and Zip Code | SEP BSEP |
| | E-mail address: (| to be used for future annual report notification | HASE TAP |
| For further information | concerning this matter, please of | all: | SECRETARY OF STATE STATE FLORID Phone Number |
| M | lark Goldman | a, () | 5-4299 FS F. |
| Name | of Person | Area Code & Daytime Tel | ephone Number |
| Enclosed is a check for | the following amount: | | |
| \$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) |
| | LING ADDRESS: | STREET/COURIER A | A DDDFCC. |
| Regis Divis P.O. I | etration Section ion of Corporations Box 6327 hassee, FL 32314 | Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301 | ns |
| | | | |



August 26, 2009

MARK GOLDMAN 16721 SW 86TH COURT MIAMI, FL 33157

SUBJECT: KNOT AT WORK, LLC Ref. Number: L09000074655

We have received your document for KNOT AT WORK, LLC, however, upon receipt of your document no check was enclosed. Please return your document along with a check or money order made payable to the Department of State for \$25.00.

Please return your document, along, with a copy of this letter, within 60 day your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please (850) 245-6097.

Marsha Thomas Regulatory Specialist II

Letter Number: 209A00028735

186.293.0489

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| | Knot at Work, LLC | | |
|---|---|---------------------------------------|--|
| (Name of the Limited Li | ability Company as it now appe orida Limited Liability Company | ars on our records.) | |
| (Ar) | ortua Ellinted Elability Company | , | |
| The Articles of Organization for this Limited Liab | ility Company were filed on | August 4th, 2009 | _ and assigned |
| Florida document numberL09000746 | <u>55</u> . | | |
| | | | |
| This amendment is submitted to amend the follow | ing: | | |
| A. If amending name, enter the new name of the | ne limited lighility company h | ere. | |
| A. If amending name, enter the new name of the | it minted habinty company is | <u> </u> | |
| The new name must be distinguishable and end with t | he words "Limited Lighility Com | nany " the designation "I I | C" or the abbreviation |
| "L.L.C." | ic words Dimited Diability Cont | party, the designation EE | 5 of the appleviation |
| Enter new principal offices address, if applicab | lo. | | |
| • • | | | |
| (Principal office address MUST BE A STREET) | <u>ADDKESS)</u> | | |
| | | | |
| | | | |
| Enter new mailing address, if applicable: | | · · · · · · · · · · · · · · · · · · · | |
| (Mailing address MAY BE A POST OFFICE BO | <u></u> | | <u>. </u> |
| | | | . 23 |
| | | 11 | E S T |
| B. If amending the registered agent and/or | | our records, <u>enter th</u> | Bame of the new |
| registered agent and/or the new registered office | e address here: | , , | 語し「 |
| | | | THE PROPERTY |
| Name of New Registered Agent: | | | = - |
| New Registered Office Address: | | • | 器 ? |
| New Registered Office Address. | <u> </u> | Enter Florida street addre | |
| | | 3 71 + 3 | - |
| | City | , Florida | 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 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> | Name | Address | Type of Action |
|--------------|--|--|--|
| MM | Mark Goldman | 16721 SW 86th court Miami, FL 33157 | Add Remove |
| MM | Sound Components, Inc | 1536 S. Dixie Hwy Coral Gables, FL 33146 | ✓ Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| D. If amer | nding any other information, enter cha | nge(s) here: (Attach additional sheets, if necesso | FILED 2009 SEP-3 PM 4: 29 STALLANDSSEP, FLORIE STALLANDSSEP, FLORIE |
| Dated | Signature of a mem | ber or authorized representative of a member | 29 ORIDA |
| | | Mark Goldman ed or printed name of signee | |

Page 2 of 2

Filing Fee: \$25.00