L10000012224

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
A. LUNT	
MAR 1 1 2010	

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EXAMINER



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SECRETARY OF STATE TALLAHASSEE, FLORIDA

2010 HAR 10 PM 2: 3

COVER LETTER

' TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

SUBJECT:		erty Management LLC		
	Name of Limi	ted Liability Company		
	Amendment and fee(s) are sub	_		
		David Knight		
		Name of Person	, i. i	
	Real Prope	rty Management North Orla	ando	
		Firm/Company		= 2
		676 Formosa Ave		SEC ALL
		Address		HAR AHI
	Wii	nter Park Florida 32789		2010 MAR IO PM 2: 35 SECRETARY OF STATE FALLAHASSEE, FLORID,
		City/State and Zip Code		
		htproperties@yahoo.com to be used for future annual report notil	ication)	1 2: 35 STATE FLORID
For further information co	oncerning this matter, please o	•	near on y	DA 55
To factor information co	meering uns matter, prease e	AGII.		
	vid Knight	at (401;)	255-5995	
Name of	Person	Area Code & Daytin	ie Telephone Number	
Enclosed is a check for the	e following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed		of Status &
Registra	NG ADDRESS: ation Section to of Corporations x 6327	STREET/COUR Registration Section Division of Corpo Clifton Building	on	

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

D Knight Property	Management l	LLC			
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears Liability Company)	on our records.			
he Articles of Organization for this Limited Liability Company were filed on and and			and assigned	nd assigned	
Florida document numberL10000012224			,		
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	ility company here	:			
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Compar	ny," the designation	"LIST or the abbrev	viation	
Enter new principal offices address, if applicable:		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
(Principal office address MUST BE A STREET ADDRESS)			SSE SSE		
		·	<u> </u>	 	
			Coff ??		
Enter new mailing address, if applicable:	676 Formosa	Ave	35 35 B		
(Mailing address MAY BE A POST OFFICE BOX)	Winter Park F	lorida			
	32789				
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent:		ur records, <u>enter</u>	the name of the	e new	
New Registered Office Address:					
	Enter Florida street address				
	, 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 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
MGRM	Robbert Gaarlandt	2698 Daniella Drive Oviedo, Florida 32765	✓ Add Remove
			Add Remove
			Add Remove
			Add Remove
<u></u>			2010 ee 2010 Remarke 1 A L L A H A S
			Add P Remove
D. If amend	ding any other information, enter o	change(s) here: (Attach additional sheets, if necessary.)	35 NDA
	3/8/29/0	•	····
		ember or authorized representative of a member David A. Knight Typed or printed name of signee	.,
		Typed or printed name of signee	

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Filing Fee: \$25.00