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SECRETARY OF SIME.

COVER LETTER

Division of Corpor			
SUBJECT: 0.	Knight Prop	perty Management dited Liability Company	t LLC
The enclosed Articles of An	endment and fee(s) are sub	mitted for filing.	
Please return all corresponde	ence concerning this matter	to the following:	
	David A	Kwight Name Person	·
	D. Knight	- Property Manage	ement icc
	656	Formosa Ave	
			<u> </u>
-	Daye 6	City/State and Zip Code Rent Smart VSA. Go be used for future annual report notification.	cation)
For further information conc			
David K	wight room	at (<u>407</u>) <u>599- or</u> Area Code Daytime	Telephone Number
Enclosed is a check for the fo		·	•
	\$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)

MAILING ADDRESS: 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

D. Knight Property N (Name white Limited Liability Empany	lanagement LLC
(A Florida Limited Lia	bility Company)
The Articles of Organization for this Limited Liability Company we Florida document number	were filed on $\frac{2/2/2010}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ty company here:
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbreviation "L,L,C,"
Enter new principal offices address, if applicable:	, N3
(Principal office address MUST BE A STREET ADDRESS)	
	\$51. -
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
[Mailing dualess MAT BE A FOST OF FICE BOX)	
	7
B. If amending the registered agent and/or registered office address here:	ce address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
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 provisions of all statutes relative to the proper and complete per accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	erformance of my duties, and I am familiar with and ovided for in Chapter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR =	Manager
AMBR =	Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			
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			Change
			Range
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			Remove
			Change
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Filing Fee: \$25.00