

L10000088340

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

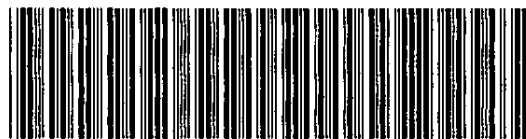
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B. KOHR

JUL 31 2012

EXAMINER



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12 JUL 31 2012
SECRETARY OF STATE
DIVISION OF CORPORATIONS

12 JUL 31 PM 4:10
SECRETARY OF STATE
DIVISION OF CORPORATIONS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT:

Knockout Appliance Repair LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Scott Davis
Name of Person
Knockout Appliance Repair LLC
Firm/Company
802 SAVANNA PLACE
Address
KISSIMMEE FL 34758
City/State and Zip Code
SCOTT7932718@yahoo.com
E-mail address: (to be used for future annual report notification)

RECEIVED
DIVISION OF CORPORATIONS
12 JUL 31 PM 4:10

For further information concerning this matter, please call:

Jacqueline Alvarado at (770) 374-9350
Name of Person Area Code & Daytime Telephone 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)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 13, 2012

SCOTT DAVIS
802 SAVONA PLACE
KISSIMMEE, FL 34758

SUBJECT: KNOCKOUT APPLIANCE REPAIR LLC
Ref. Number: L10000088340

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JUL 31 PM 4:10

We have received your document for KNOCKOUT APPLIANCE REPAIR LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The word "Limited" may be abbreviated as "Ltd." and the word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." Please amend your document accordingly.

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

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Leslie Sellers
Regulatory Specialist II

Letter Number: 112A00018787

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 APR 31 PM 4:10

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Knockout Appliance Repair LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 4/4/2012 and assigned
Florida document number L10000088340

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

3 Manatee Street
Sorrento FL 32776

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. box 181604
Casselberry FL 32718-1604

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Octavius Davis

New Registered Office Address:

3 Manatee Street

Enter Florida street address

Sorrento, Florida 32776
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.

Octavius Davis
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

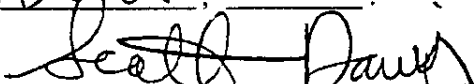
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Dexter Wallace	2466 Messina Ave Orlando FL 32810 US	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Octavious Davis	3 Manatee street Sorrento FL 32776 US	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated

7/30/2012



Signature of a member or authorized representative of a member

Scott Davis

Typed or printed name of signee