

L10000 116208

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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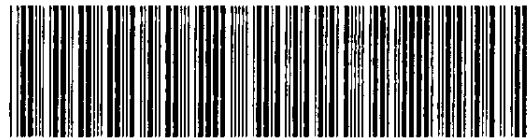
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

G. HARVEY
MAY 11 2011
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Junkentreasures Creative Art
Name of Limited Liability Company Consignment, LLC

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Diane Rowe
Name of Person

Junkentreasures
Firm/Company

2612 Santa Barbara Blvd. Ste. 18
Address

Cape Coral, FL 33914
City/State and Zip Code

diane@junkentreasures.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Diane Rowe at (239) 424-8310
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Junken Treasures Creative Art Consignment, 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 11/08/10 and assigned
Florida document number L10000116208

This amendment is submitted to amend the following:

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

Knight & Rowe's Junkentreasures, LLC
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)

2612 SANTA BARBARA BLVD

18

CAPE CORAL FL 33914

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

SAME

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:

RICHARD KNIGHT

New Registered Office Address:

2612 SANTA BARBARA BLVD #18

Enter Florida street address

CAPE CORAL

Florida

33914

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.

Richard K. Knight
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	ANITA KNIGHT	1903 LAGOON LN CAPE CORAL FL 33914	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	DIANE ROWE	1117 SW 13TH ST CAPE CORAL, FL	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	RICHARD KNIGHT	1903 LAGOON LN CAPE CORAL FL 33914	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<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 _____



Signature of a member or authorized representative of a member

ANITA KNIGHT

Typed or printed name of signer

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