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A. LUNT				
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EXAMINER				

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COVER LETTER

TO: Registration Division of C			
SUBJECT:	Lady Knigh	t Investments, LLC	
		ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.	
Please return all corres	pondence concerning this matte	r to the following:	
		Georgina Barrera Name of Person	
	Lady	Knight Investments, LLC	
		Firm/Company	7 3 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
		200 Oak Circle	21/2 OCT 22
		Address	22
	Ocala, Florida 34472		
	O	City/State and Zip Code	
For further information	E-mail address: on concerning this matter, please	(to be used for future annual report notification)	<u> </u>
	eorgina Barrera e of Person	at (407) 687-3 Area Code & Daytime Teleph	
Enclosed is a check fo	r 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)
Regi Divi P.O.	ILING ADDRESS: istration Section sion of Corporations Box 6327 ahassee, FL 32314	STREET/COURIER AD Registration Section Division of Corporations Clifton Building 2661 Executive Center Cir Tallahassee, FL 32301	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lady Knigh	t Investments, LL	.C	
(<u>Name of the Limited Liability C</u> (A Florida Lir	Company as it now appea mited Liability Company)	<u>irs on our records.</u>)	
The Articles of Organization for this Limited Liability Cor	mpany were filed on	May 6, 2011	and assigned
Florida document numberL11000053880			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	ed liability company he	<u>re:</u>	
The new name must be distinguishable and end with the words "L.L.C."	s "Limited Liability Comp	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:	.,,		
(Principal office address MUST BE A STREET ADDRE	<u> </u>	30	
		D**	8 31
		ş, Ç	22
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office addre		our records, <u>enter tl</u>	ne name of the new
Name of New Registered Agent:			· · · · · · · · · · · · · · · · · · ·
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 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** MGRM Melanie Martinez 682 Spreading Oak Avenue **✓** Add Deltona, Florida, 32738 Remove ☐ Add Remove ___ Add ☐ Remove ☐ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary) 10-19 Dated_ Dererer Signature of a member of authorized representative of a member

Page 2 of 2

Georgina Barrera
Typed or printed name of signee

Filing Fee: \$25.00