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S. WARREN JAN 18 2018

COVER LETTER

	Registration Se Division of Cor			
SUBJEC		lutions, LLC.		
	T:	Name of Lin	nited Liability Company	
The encle	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please ret	tum all correspo	ndence concerning this matter	to the following:	
		Claude Joseph Church		
			Name of Person	
		Know 2 Solutions, LLC.		
			Firm/Company	
		3959 Van Dyke Road #28	8	
			Address	
		Lutz, FL 33558		
			City/State and Zip Code	
		joe@k2s.biz		
			to be used for future annual report notif	ication)
For furthe	er information co	oncerning this matter, please c	all:	
Joe Chur	ch		571 296-3220	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed	is a check for th	e following amount:		
□ \$25.0	0 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

, Know 2Solutions, LLC.		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our liability Company)	records.)
The Articles of Organization for this Limited Liability Company	were filed on $\frac{02/03/2012}{}$	2 and assigned
Florida document number L12000017285		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:	
Know 2 Solutions, LLC.		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designatio	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3500 Ballastone Drive	
(Principal office address MUST BE A STREET ADDRESS)	Land O Lakes, FL 3463	8
Enter new mailing address, if applicable:	3959 Van Dyke Road #	288
(Mailing address MAY BE A POST OFFICE BOX)	Lutz, FL 33558	
		1 1
registered agent and/or the new registered office address here Name of New Registered Agent:	<u>e</u> :	
New Registered Office Address:		
New Registered Office Address.	Enter Florida stree	1 address
		. Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	<u>.</u>	1 1
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my dua provided for in Chapter	ties, and I am familiar with and r 605, F.S. Or, if this document is
If Char	nging Registered Agent, <u>Sig</u>	nature of New Registered Agent
Page	1 of 3	

or removed from our records: MGR = Manager AMBR = Authorized Member Type of Action <u>Name</u> <u>Address</u> Title □ Add □ Remove ☐ Change □ ∧dd □ Remove _□ Change _□ Add ☐ Remove ☐ Change □ Add ☐ Remove □ Change _□ Add ☐ Remove

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

	
ote: If	e date, if other than the date of filing:
	and specifies a delayed effective date, but not an effective time, at $12:01\ a.m.$ on the earlier 60 th day after the record is filed.
The 9	
The 9	17: Jan 2018
The 9	Signature of a member or authorized representative of a member
The 9	Signature of a member or authorized representative of a member
The 9	Signature of a member or authorized representative of a member
The 9	Signature of a member or authorized representative of a member