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## **COVER LETTER**

	Registration Se Division of Cor		A. S. Walt		
CONTRACTOR	KNOT WO	RKIN, LLC		Ff. + Fit = Mag.	
SUBJEC	-1; <u></u> -	Name of Lim	ited Liability Company	<del></del>	<del></del>
The encl	osed Articles of	Amendment and fec(s) are sub-	mitted for filing.	A STATE OF THE STA	
Please ro	cturn all correspo	ndence concerning this matter	to the following:	ing)	
		Mark B. Goldstein			
			Name of Person		
		Mark B. Goldstein, P.A.			
			Firm/Company		
		2700 N. Military Trail, Sui	te 130		
			Address		
		Boca Raton, FL 33431	¥' × ju	Marine State	
			City/State and Zip Co	nde	
		ERivera@windsorjet.com	o be used for future and	The state of the s	H==\
For furth	er information co	oncorning this matter, please or		ing report notther	iony
Mark B.	Goldstein		561 80 ( )	989-9955	
	Name of	Person	Area Code	Daytime To	elephone Number
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Registration Section
Division of Corporations
Clifton Building
2661 Examitive Center Circle
Tallahrisco, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KNOT WORKIN, LLC				
(Name of the Limited Liability Company (A Florida Limited Lia	y as it now appears on ou ability (company)	r records.)	_	
The Articles of Organization for this Limited Liability Company w Florida document number L12000146991	were filed on 11/21/201	2	and assi	gned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabile	lty company here:			
	Section 1	_	_	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designati	ion "LLC" or the abbrev	iation "L.I	c."
Enter new principal offices address, if applicable:	<u>il</u>	ير هود		
(Principal office address MUST BE A STREET ADDRESS)		· · · · · · · · · · · · · · · · · · ·	, can	Gr.
·		žk	띖	C#173
	A.,	Ĺ	<u>"</u> — —	
Enter new mailing address, if applicable:			3; )	u u
(Mailing address MAY BE A POST OFFICE BOX)		, "		
			. උතු <u>පත</u>	
B. If amending the registered agent and/or registered office address here:  Name of New Registered Agent:		records, <u>enter the</u>	name (	of the ne
New Registered Office Address:				
	Enter Florida stre	Florida	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:	i i i i i i i i i i i i i i i i i i i			
I hereby accept the appointment as registered agent and agree	to act in this capaci	ity. I further agree .	to compi	ly with the

If Changing Registered Agent, Signature of New Registered Agent

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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Edith Rivera	2700 N. Military Trail, Ste 130	■ Add
		Boca Raton, FL 33431	□ Remove
			Change
MGR	Ignacio Martinez	2700 N. Military Trail, Ste 130	
		Boca Raton, FL 33431	B Remove
			Change
MGR	Mark B. Goldstein	2700 N. Military Trail, Ste 130	□ Add
		Bocs Raton, FL 33431	= Remove
			Change
		Francisco (Francisco)	
			Remove
			□ Change
		<u> </u>	— D Add
			Remove
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			□ Remove
		<u> </u>	Change

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	ending any other information, enter char	ange(s) here: (Attach accititional sheets, if necessary.)	
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ote:	If the date inserted in this block does not mee	et the applicable statutory filing requirements, this date will not be	c listed a
	nent's effective date on the Department of Stat	de's records.	
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