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N. CAUSSEAUX FEB 2 - 2017

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	KNK I Name of Lim	INVESTMENTS ited Liability Company	LLC
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	AMAN	K H A N Name of Person	
		Name of Person	
	KNK I	ENVESTMENTS L	LC
		Firm/Company	
	725 Sou	TH KIRKMAN RO	ØA D
		Address	
	OPLANDO	FL 32811 City/State and Zip Code	
		•	
	E-mail address: (HAN @ SOUVEEZ . C to be used for future annual report notif	ication)
For further information co	oncerning this matter, please co	all:	
AMAN K	HAN	at (<u>321)</u> 402- Area Code Daytime	9331
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	e following amount:		
	☐ \$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



KNK INVES			22
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appe liability Company	ars on our records)	<u>s.</u>)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 12000 150 194</u> .	were filed on _	11/30/2	012 and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company l	<u>here</u> :	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the	designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	725	SOUTH	KIRKMAN ROAT
(Principal office address MUST BE A STREET ADDRESS)	ORLAN	100 FL	, 32811
Enter new mailing address, if applicable:	725	SOUTH K	CIRKMAN ROAD
(Mailing address MAY BE A POST OFFICE BOX)	ORLA	NDO FL	, 32811
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		on our records	s, enter the name of the n
Name of New Registered Agent:		·····	
New Registered Office Address:	Enter Fl	oridu street addres.	s
		, Flo	orida
	Ciţ		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 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 Changing Registered Agent, Signature of New Registered Agent

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> Name **Address** Type of Action AMBR RICHARD CAWS 1034 KISSIMMEE FL. 34746 _□ Remove _□ Change □ Add ☐ Remove ☐ Change □ Remo ☐ Change □ Add □ Remove ☐ Change _□ Add ☐ Remove ☐ Change □ Add □ Remove

☐ Change

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fan effective (Note: If the	ate, if other than date is listed, the date date inserted in thi effective date on th	must be specific and s block does not n	d cannot be pri- neet the appl	icable statutory	or more than 90 day		
	specifies a dela day after the			ot an effectiv	e time, at 12	:01 a.m. on	the earlier of
Pated	01/24/201	7					
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		Signature a	member of aut	horized representa	tive of a member		
			A				

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Filing Fee: \$25.00