L17000057841

(Requestor's Name)
(Address)
(Address)
((dailes)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Office Use Only



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12/31/13--01025--027 **25.00



COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:

Knights CK LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Pavan Pediredla

Name of Person

Firm/Company

9907 Tree Tops Lake Road

Address

Tampa FL 33626

City/State and Zip Code

Pavank2@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Pavan Pediredla

Name of Person

,813,50400002

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

□\$30.00 Filing Fee & Certificate of Status

□\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

U\$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

Knights CK LLC						
(<u>Name of the Limited</u> (A	Liability Compa Florida Limited I	iny as it now appears on Liability Company)	our records.)	· · · · ·		
The Articles of Organization for this Limited Lizer Florida document number L13000097891	ability Company	were filed on 07/10/2	2013	and as	signed	
This amendment is submitted to amend the follo	wing:					
A. If amending name, enter the new name of	the limited liab	ility company here:				
The new name must be distinguishable and end wit "L.L.C."	h the words "Lim	ited Liability Company,"	the designation "L	LC" or the	abbrevia	- .tion
Enter new principal offices address, if applicable:		12748 S. Cleveland Ave.				
(Principal office address MUST BE A STREE)	(ADDRESS)	Ft. Myers,FL. 33	907	,		_
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		ffice address on our	records, enter t	A PARAMETER STANDARD MENAME		new
Name of New Registered Agent:	Pavan Ped	iredla				_
New Registered Office Address:	12748 S. C	leveland Ave.			<u>-</u>	_
		Enter F	lorida street addr			
	Ft. Myers,	City	, Florida <u>339</u>	907 Zip Cod		-
		City		zip cou	C	

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

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

<u>Title</u>	<u>Name</u>	Address T	pe of Action
MGM	Srivinas Maddali	1 Cather Court ledgewood	Add
		NJ, 07852	Remove
			Add
			Remove
			Add
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Effective an effective	date, if other than we date is listed, the	the date of filing date must be speci	:ific and cannot	be more than 90 da	(optional) ys after filing.) (605.0)	207 (3)
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Page 3 of 3

Filing Fee: \$25.00