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(Address)				
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COVER LETTER

TO: Registration Section
Division of Corporations

URIECT: LE KNIGHT, 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:

RANDY SPEED

Name of Person

LE KNIGHT, LLC

Firm/Company

509 E. JACKSON STREET

Address

TAMPA, FL 33602

City/State and Zip Code

msbuc@tampabay.rr.com

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

For further information concerning this matter, please call:

RANDY SPEED

<u>..</u>,813、225-1040

Name of Person

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)

□\$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

Le	Knight, LLC	
(<u>Name of the Limited L</u> (A F	iability Company as it now appears on our records lorida Limited Liability Company)	<u>r</u>)
The Articles of Organization for this Limited Lial Florida document number L13000148938	bility Company were filed on 10/22/2013	and assigned
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	the limited liability company here:	ZO IS NO.
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company," the designat	ion "LLC" or the abbreviation
Enter new principal offices address, if applical	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>OX)</u>	
B. If amending the registered agent and/or registered agent and/or the new registered offi	r registered office address on our records, <u>er</u> ice address here:	iter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
•	Enter Florida stree	et address
	, Floric	
	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 Changing Registered Agent, Signature of New Registered Agent

-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 **Title** <u>Name</u> <u>Address</u> **Type of Action** LEANN KNIGHT 509 E. JACKSON STREET **MGRM TAMPA, FL 33602** RANDY SPEED 509 E. JACKSON STREET MGR TAMPA, FL 33602 Remove Remove Remove Remove

D. If amending any other informat	ion, enter change(s) here: (Attach additional sheets, if nece	ssary.)		
		 		
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Dated OCTOBER 30				•
	ature of a member or authorized representative of a member	٠٠٠ معر		
RANDY SPEED			NS EIG	
	Typed or printed name of signee	75 ç		٠,,
	Page 3 of 3	SSE	ည	
	Filing Fee: \$25.00		2	
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