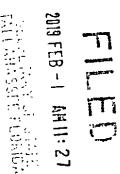
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COVER LETTER

TO: Registration S Division of Co			· ••		
	stems LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	Marcel Harris				
	<u></u>	Name of Person			
	Knighted Technologies				
		Firm/Company	 _		
	2228 Donahue Drive				
		Address			
	Ococe, FL 34761				
		City/State and Zip Code			
	marcel@knightedtech.com				
	E-mail address: (to be used for future annual report notification)		
For further information	concerning this matter, please ca	ail:		₹ <u>7</u> , №	
Marcel Harris		407 433-4115 at ()		2019 FE8	
Name	of Person	Area Code Daytime Telepl	none Number	φ - CO	**************************************
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)	S60.00 Filing Certificate of Certified Co (additional cop	of Status 🚱 –	

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

Emdee Systems LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{10/3/2014}{1}$ and assigned Florida document number L14000154802 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Knighted Technologies LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 2228 Donahue Drive Enter new principal offices address, if applicable: Ocoee, FL 34761 (Principal office address MUST BE A STREET ADDRESS) 2228 Donahue Drive Enter new mailing address, if applicable: Ococe, FL 34761 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = A	BR = Authorized Member			
<u>Title</u>	<u>Name</u>	Address	Type of Action	
			□ Remove	
			Change	
			☐ Remove	
			Change	
			Add	
		Ren	□ Remove	
			🗖 Change	
			□ Add	
			Change	
			Change And Remove	
			Remove	
			Change	
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Stating data if other than the data of City	,	15	
ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing.	or more than 90 days after fil	ling.) Pursuani	t to 605.020
Note: If the date inserted in this block does not meet the applicable statutory follocument's effective date on the Department of State's records.	iling requirements, this d	ate will not	be listed a
e record specifies a delayed effective date, but not an effective of the filed.	ve time, at 12:01 a.r	n. on the	earlier o
Dated			
Olal -land			
Signature of a member or anthorized representa			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00