## L15000098715

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Ви	isiness Entity Nar	me)
(Do	ocument Number)	•
Certified Copies	_ Certificates	s of Status
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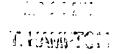
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## COVER LETTER

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TO:	Registration Se Division of Cor			
CIID		ng Solutions LLC		
SOL	JECT:	Name of Lim	ited Liability Company	
The e	enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Pleas	e return all correspo	ndence concerning this matter	to the following:	
		Laura M. Vincent		
			Name of Person	<del></del>
		Knight Hunter's LLC		
			Firm/Company	
		1620 S. Combee Road		
			Address	
		Lakeland, FL 33801		
			City/State and Zip Code	·
		KnightHuntersRec@aol.com E-mail address: (	m to be used for future annual report notil	fication)
For fi	urther information c	oncerning this matter, please ca	all:	
Laur	a M. Vincent		863 738-7376	
	Name o	f Person		e Telephone Number
Enclo	osed is a check for th	ne following amount:		
<b>⊟</b> \$	25.00 Fifing 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

( <u>Name of the Limited Li</u> (A F	<b>ability Compa</b> orida Limited I	ny as it now appears on our re liability Company)	ecords.)
The Articles of Organization for this Limited Liability Company w Florida document number <u>L15000098715</u> .		were filed on 06/05/2015	and assigned
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited liabi	lity company here:	
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 applicables	<b>:</b>	1620 S. Combee Road	15 FAL
(Principal office address MUST BE A STREET A)	DDRESS)	Lakeland, FL 33801	Se es m
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		1620 S. Combee Road	
		Lakeland, FL 33801	32 ORIDA
B. If amending the registered agent and/or r registered agent and/or the new registered office	address here		ords, enter the name of the
Name of New Registered Agent:	aura Vincent		<del> </del>
New Registered Office Address:	620 S. Combe		
1.	alcaland	Enter Florida street ac	
· Li	akeland 	Cirv	, Florida 33801
Naw Degistered Agent's Signature if showing Degis		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 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.

f 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>	<u>Name</u>	<u>Address</u>	Type of Action
<del>-&gt;</del>	MGR	LAURA M. VINCENT	1620 S. COMBEE ROAD, LAKEL	■ Ada
				□ Remove
				☐ Change
*	AMBR	TONY CHANEY	1850 16TH STREET NW, WINTE	■ Add
				Remove
				☐ Change
	,			🖸 Add
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				Nemove □
				☐ Change

Piease add Laura vincen	t as the Owner/Manager		
	<del></del>		<u> </u>
			****
ctive date, if other than	05/06/2015	(	-tiD
effective date is listed, the date	must be specific and cannot be prior	to date of filing or more than 90 days	
	e Department of State's records.	able statutory filing requirements,	this date will not be its
ecord specifies a dela ne 90th day after the	yed effective date, but not record is filed.	t an effective time, at 12:0	1 a.m. on the earl
ed		<u> </u>	せん せ
Alda			SECRE
YIUM	Signature of a member or author	rized representative of a member	子 <u>等</u>
•			C 1

Page 3 of 3

Filing Fee: \$25.00