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## **COVER LETTER**

	KANOX	INVESTMENTS LLC	,	
SUBJECT: _		Name of Limit	ed Liability Company	
The enclosed A	Articles of A	mendment and fee(s) are sub-	nitted for filing.	
Please return a	ili correspon	dence concerning this matter t	o the following:	
		CATHY A KNOX		
			Name of Person	
		KANOX INVESTMENTS	LLC	
			Firm/Company	
		2 W. PLANT STREET		
			Address	
		WINTER GARDEN, FL 3-	<b>1</b> 787	
			City/State and Zip Code	
		MYSAVOREE@GMAIL.C		
		E-mail address: (1	o be used for future annual report notific	ation)
For further int	formation co	ncerning this matter, please ca	ill:	
CATHY A K	NOX		407 919-9948 at ( )	
<u></u>	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 Fi	ling Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fec. Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section Division of Corporations

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

KANOX INVESTMENTS LLC			
(Name of the Limited Liability C (A Florida Lii	Company as it now appea mited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Com Florida document numberL15000154641	npany were filed on _	09/10/2015	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	d liability company h	ere:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the	designation "LLC" or th	ne abbreviation L.C."
Enter new principal offices address, if applicable:			7 E
(Principal office address MUST BE A STREET ADDRES	<u>(SS)</u>		35.5
			SE
			TO THE PERSON OF
Enter new mailing address, if applicable:			25 th
(Mailing address MAY BE A POST OFFICE BOX)			\$ <b>6</b>
B. If amending the registered agent and/or register registered agent and/or the new registered office addres		n our records, <u>en</u>	ter the name of the nev
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flo	orida street address	
		, Florida	
	Ciţy		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>	<u>Name</u>	Address	Type of Action
AMBR	CONNIE M. OWENS	2 W. PLANT STREET	
		WINTER GARDEN, FL 34787	■ Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
<u> </u>			□ Add
			□ Remove
			☐ Change
			☐ Remove
			Change
			Add
			3 20 manager
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			☐ Change

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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 to	than 90 days after fi	nat) iling.) Pursuant to 6	505.0207
(ote: If the date inserted in this block does not meet the applicable statutory filing recomment's effective date on the Department of State's records.	quirements, this o	date will not be li	isted as
e record specifies a delayed effective date, but not an effective time	e, at 12:01 a.	.m. on the ear	rlier of
The 90th day after the record is filed.			
ated $160$ h 15 $\frac{2018}{1}$			
( ) ( ) ( ) ( ) ( ) ( )		SEALL	.స స
Signature of a member or authorized representative of a	a member		1
Signature of a member of authorized representative of a	a member	AHAS	
CATHY A KNOX		S C	> t
Typed or printed name of signee		PA 3:	

Filing Fee: \$25.00