

L15000192098

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

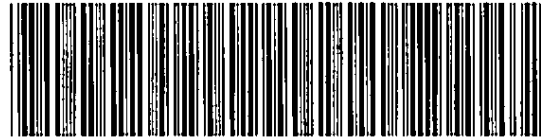
(Business Entity Name)

(Document Number)

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2018 SEP 24 AM 11:36
STATE OF MISSISSIPPI
TOLSON

D BRUCE
OCT 02 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: KNOT HOME II, 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:

IVAN ALVAREZ SR.

Name of Person

Firm/Company

52 W 42 STREET

Address

HIALLEAH, FL 33012

City/State and Zip Code

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

For further information concerning this matter, please call:

IVAN ALVAREZ 786 216-3259
Name of Person at () Area Code Daytime Telephone Number

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2008 SEP 24 AM 11:36
REGISTRATION SECTION
TALLAHASSEE, FLORIDA

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**

KNOT HOME II, 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 11/12/2015 and assigned Florida document number 115000192098.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Eran Ben-Ezra
1830 NE 153rd St.
North Miami Beach FL 33162

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Eran Ben-Ezra
1830 NE 153rd St.
North Miami Beach FL 33162

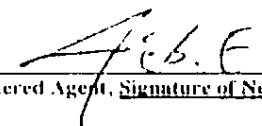
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: Eran Ben-Ezra
New Registered Office Address: 1830 NE 153rd St.
Enter Florida street address
North Miami Beach, Florida 33162
City *Zip Code*

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2015 SEP 24 AM 11:06
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF DADE
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, 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>	<u>Type of Action</u>
MGR	ERAN BEN EZRA	1830 NE 153rd St North Miami Beach FL 33162	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	IVAN ALVAREZ SR	52 W 42 ST HALEAH FL 33012	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

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 2010 SEP 24 AM 11:56
 WASHINGTON COUNTY
 CLERK OF COURT

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Multiple horizontal lines for amending information.

2018 SEP 24 11:36
FILED

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated SEPTEMBER 17th, 2018

Signature of a member or authorized representative of a member

IVAN ALVAREZ SR

Typed or printed name of signee