116000049019

Office Use Only



200303304412

09/07/17--01010--013 **\$0.00

17 SEP - 7 AM &: 49

SEP 1 0 2017 Y SULKER

COVER LETTER

songret:		ited Liability Company			
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspon	ndence concerning this matter	to the following:			
Name of Person					
Firm/Company					
	City/State and Zip Code KNOCKENPORTSLLC@GMAIL COM				
			lication)		
Firm/Company Address City/State and Zip Code KNOCKEXPORTSLLC@GMAIL_COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: PAUL SUEGART Name of Person at (
PAUL SUEGART		ot (
Name of Person		Area Code Daytime	: Telephone Number		
Enclosed is a check for the	e following amount:				
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate 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

(Name of the Lim	nited Liability Company as it now appear (A Florida Limited Liability Company)	s on our records.)	_	
The Articles of Organization for this Limited Florida document number 1.16000049019			and assigned	
This amendment is submitted to amend the following	llowing:			
A. If amending name, enter the new name	of the limited liability company he	<u>ere</u> :		
The new name must be distinguishable and contain the	words "Limited Liability Company," the d	esignation "LLC" or the abbreviation	ı "L.L.C."	
Enter new principal offices address, if appli	icable:			
Principal office address MUST BE A STRE	ET ADDRESS)	,,		
	·	······································	. ===	
			J3S	
Inter new mailing address, if applicable:		<u> </u>		
<u>Mailing address MAY BE A POST OFFICE</u>	<u> </u>			
			G3 (***	
		97-	-	
 If amending the registered agent and egistered agent and/or the new registered of 		our records, enter the nar	mecof the i	
	PAUL SUEGART			
Name of New Registered Agent:	d:			
New Registered Office Address:	50 S.W. 10TH STREET # 813			
	Enter Flor	rida street address		
	MIAMI	Florida 33130		
	City	Zip Ce	nde	

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 6Q5, 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>	Type of Action
MGR	RODOLFO MANZON		Add
			■ Remove
			□ Change
			Add
			□ Remove
			Change
		. ₹ :- □ !: Q nove	
			— Por Port Port Port Port Port Port Port
			Remove
			Change
			
			Remove
			Change
			
			Remove
			[] Change

_		.)	
_			
_		·	
_			
			_
			
-			_
_			_
-			_
-			_
-			_
-			-
-			-
-		- <u> </u>	77
-		\$1. \$0.2	SEP.
-		3-	
-			9 (
Effecti	ve date, if other than the date of filing:	0810).	-
lf an cil <u>Note:</u>	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date vent's effective date on the Department of State's records.	Pursuant to 6	05.0207 (
he red The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. of 90th day after the record is filed.	n the ear	lier of:
Dated	SEPTEMBER 05 2017		
	· — — — —		
	Signature of a member or authorized representative of a member		

Page 3 of 3

Filing Fee: \$25.00