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(Ci	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Ві	usiness Entity Name	e)
(Do	ocument Number)	
Certified Copies	Certificates o	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

Division of Co					
	ootball Summer Camp, LLC.				
SUBJECT:	Name of Lin	nited Liability Company			
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	Richard Reid Jr				
		Name of Person			
	Knights Football Summer	Knights Football Summer Camp LLC			
		Firm/Company			
	100 Knights LN				
		Address			
	St. Johns, FL 32259				
	Reidbojr@yahoo.com	City/State and Zip Code			
	E-mail address: (to be used for future annual report notific	cation)		
For further information	concerning this matter, please c	all:			
Richard Reid Jr		904 347-3547 at ()	17 20 20 20 E		
Name	of Person	Area Code Daytime	MARINA . Campage		
Enclosed is a check for t	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 Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	LING ADDRESS:	STREET/COURIE			

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Knights Football Summer Camp LLC	•
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)
he Articles of Organization for this Limited Liability Company lorida document number	were filed on 05/06/2016 and assign
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liab	pility company here:
he new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.C
nter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
nter new mailing address, if applicable:	19 Logan Ct
Mailing address MAY BE A POST OFFICE BOX)	St. Augustine, FL 32084
	<u> </u>
. If amending the registered agent and/or registered of egistered agent and/or the new registered office address her	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida CO
ew Registered Agent's Signature, if changing Registered Agent:	
hereby accept the appointment as registered agent and agr	
rovisions of all statutes relative to the proper and complete except the obligations of my position as registered agent as p	provided for in Chapter 605, F.S. Or, if this docume

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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	Law Johnson	100 Knights LN	Add
		St. Johns, FL 32259	Remove
			☐ Change
AMBR	Guy Harris	100 Knights LN	
		St. Johns, FL 32259	■ Remove
			Change
			Add
			□ Remove
			☐ Change
			□ Add
			Remove AR Change Change
			Add
			Change
		· · · · · · · · · · · · · · · · · · ·	□ Remove
			Character (

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 fitting.) Pursuant to 603902 diese if the date inserted in this block does not meet the applicable statutory filing requirements, this date will falso be listed a occument's effective date on the Department of State's records. The 90th day after the record is filed. June 24 2016 Signature of whember or authorized representative of a member	· ·					
e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the 90th day after the record is filed.	, '					
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Straff.	June 24	2016	;		Ti.*	ر
Signature of a member or authorized representative of a member			<i> </i>			
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Filing Fee: \$25.00