116000179263

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
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(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
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MAR 3 0 2017 S. YOUNG



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 14, 2017

Altn: Ws. Shalia H. Young

CAMILO RAFUL KNOTTINGHAM LLC 1310 53RD STREET WEST PALM BEACH, FL 33480

SUBJECT: KNOTTINGHAM LLC Ref. Number: L16000179263

We have received your document for KNOTTINGHAM LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young Regulatory Specialist II

Letter Number: 117A00004853

www.sunbiz.org

COVER LETTER

TO: Registration Sec Division of Corp	tion	· · · · · · · · · · · · · · · · · · ·	•	
SUBJECT:	Knottingha	ited Liability Company	ar-10-000-	
		, , ,		
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspon	idence concerning this matter	to the following:		
	Canil	o Raful		
	Knotti.	Name of Person	•	
		Firm/Company		
	1310 534	d street		
	West Pal	M Beach - F	= 1 3348	30 Es
	Cvaful E-mail address: (City/State and Zip Code eev+\vag2 to be used for future annual report not		CRETARY LAHASSE
For further information co	ncerning this matter, please c			3 PA
Camilla	, Trafil	a(973) 81°	i-2066	1 2: 2:
Name of	Person	Area Code Daytin	ne Telephone Number	$\omega \in \mathbb{R}^{n}$
Enclosed is a check for the	e following amount:			
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy	□ \$60.00 Filing Fee Certificate of Sta	

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Certified Copy (additional copy is enclosed)

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

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Knottiv	igham,	LLC		
(Name of the Limited Liabil (A Florid		ears on our records.) y)	***************************************	
The Articles of Organization for this Limited Liability C Florida document number <u>L16000179</u> 26	Company were filed on .	9-26-16	and assig	med
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	iited liability company	here:		
The new name must be distinguishable and contain the words "Lin	nited Liability Company "th	re designation "LLC" or the	hbreviation "L.I.	· · ·
Enter new principal offices address, if applicable:	med maximy company.	to designation 1996 of the E		
(Principal office address MUST BE A STREET ADD	RFSS)		=	
Trincipal office unaress most BE /18 TRIBET /1190)			HAR.	27
			<u></u> -	公司
Enter new mailing address, if applicable:				Mari
(Mailing address MAY BE A POST OFFICE BOX)			23	23
			23	CIT:
B. If amending the registered agent and/or registered agent and/or the new registered office add		on our records, <u>enter</u>	the name of	f the new
Name of New Registered Agent:				
New Registered Office Address:			· · · · · · · · · · · · · · · · · · ·	
	Enter F	lorida street address		
		Florida _		···
	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.

It 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	Camilo Raful	1310 53 rd street West Palm Beach - F	XAdd
			Remove
			☐ Change
			Remove
		**	Change
**************************************			G dd A C S
			SCHRETARY SERVEY
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Page 3 of 3

Filing Fee: \$25.00