

L16000183951

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

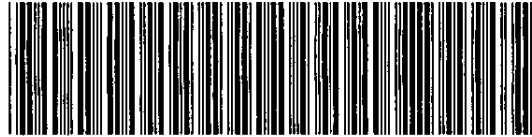
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Wrong form

Office Use Only



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10/17/16--01043--010 **25.00

16 NOV - 1 P 4:01
CLERK OF STATE
TALLAHASSEE, FLORIDA

FILED

S Warren

NOV 09 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 18, 2016

KRAIG KNIGHT
3713 SE 15TH AVENUE
CAPE CORAL, FL 33904

SUBJECT: KNIGHTS CONSTRUCTION UNLIMITED, LLC
Ref. Number: L16000183951

We have received your document for KNIGHTS CONSTRUCTION UNLIMITED, 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):

We are enclosing the proper form(s) with instructions for your convenience.

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.

Stacey M Warren
Regulatory Specialist II

Letter Number: 416A00022431

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**TO: Registration Section
Division of Corporations**

SUBJECT: Knights Construction Unlimited, 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:

Kraig Knight
Name of Person

Knights Construction Unlimited, LLC
Firm/Company

3713 SE 15th Ave
Address

Cape Coral, FL 33904

islandpsf6@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Person _____ at (239) 321-1132
Area Code Daytime Telephone Number

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)

Ck # Temp-2
dated 10/12 \$25.00
Previously sent + deposited
by FL Dept. of State on 10/19.

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

2016 NOV -7 PM 5:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Knights Construction Unlimited, 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 10/3/16 and assigned Florida document number C16000183951.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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TALLAHASSEE, FLORIDA

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:

New Registered Office Address:

Enter Florida 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.

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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CLERK OF STATE
TAMMSESS. FLORIDA

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

Kraig Knight (MGRM) needs changed to AMBR.
All other information to remain the same.
Please also see attached sheet for filing fee
check previously sent + deposited by FL dept. of
State. (Wrong forms sent previously)

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

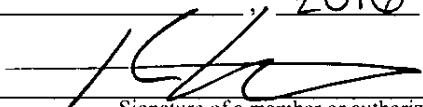
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 10/28, 2016



Signature of a member or authorized representative of a member

Kraig Knight

Typed or printed name of signer

FILED
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TREASURY OF STATE
TAMPA, FLORIDA