# UTOCCO20160

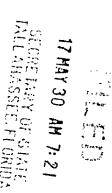
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only



700299631247

05/30/17--01019--015 \*\*55.00



# **COVER LETTER**

то:	Registration Section Division of Corporations
SUBJI	KNEDZ CONSULTING, LLC
оощ	Name of Limited Liability Company
The en-	closed Articles of Amendment and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	IVONDE CALVO Name of Person
	Knebz Consulting, UC
	744 NW 31 Are
	Hiani, FC 33133  City/State and Zip Code  Knedz Consulting a hotmail. Com  E-mail address: (to be used for future annual report notification)
For fur	ther information concerning this matter, please call:
	Name of Person at (T84) 326-0811  Area Code Daytime Telephone Number
Enclos	ed is a check for the following amount:
□ \$2.	5.00 Filing Fee Scrifficate of Status S55.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) S60.00 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

Knepz Co	isulting, LLC	
( <u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our records.) nited Liability Company)	
The Articles of Organization for this Limited Liability Completion of Complete Line (1988).	pany were filed on <u>Jan 25</u>	ation "LLC" or the abbreviation "L.L.C."  records, enter the name of the new
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited</u>	liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES.	<u>s)</u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		iter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	3555 7.371 0.6.41
	, Florida	1 - To
New Registered Agent's Signature, if changing Registered Ag	· •	
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and comp	 Lagree to act in this capacity. I further	

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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

**Title** <u>Name</u> **Address Type of Action** Ivonne Calvo 744 NW 31 ave MiAmi, PL 33125 ☐ Remove \_□ Change AMBR Bacliff Gonzalez 744 NW 31 AVC □ Add HIAMI PC 33145 ☐ Remove □ Add ☐ Remove ☐ Change \_□ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change \_□ Add ☐ Remove ☐ Change

_		
_		
_		
_		
-		
_		
_		
_		
-		
_		
_		
_	ia in a second and	,
	A 5分 	
_		1 12.0
_		- 4 - 1 - 1
_		•
an effi <u>ote:</u>	ve date, if other than the date of filing: Hay 1, 2017 (optional) rective date is listed, the date must be specific and cannot be priod o date of filing or more than 90 days after filing.) Pursuant to 605.0 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ent's effective date on the Department of State's records.	)20° d a:
	ford specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.	ro
ated	may 55 2017 MAR	
	Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00