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## **COVER LETTER**

TO:	Registration Se Division of Co					
SI:D IE/		E KNIGHT LLC				
SOBJEC	Name of Limited Liability Company					
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please re	eturn all correspo	ondence concerning this matter	to the following:			
		ROXANA ALVARADO				
			Name of Person			
		USA BLUE KNIGHT LL	C			
			Firm/Company			
		478 E.ALTAMONTE DR	#108-297			
			Address			
		ALTAMONTE SPRINGS	, FL 32701			
			City/State and Zip Code	<del></del>		
		accounts@opisas.com				
		E-mail address: (	to be used for future annual report notif	ication)		
For furth	er information c	oncerning this matter, please c	all:			
DANIEI	LE KODRIC		407 6072461 at ()	Telephone Number		
	Name o	f Person	Area Code Daytime	Telephone Number		
Enclosed	is a check for the	he following amount:				
\$25.0	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)		

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

USA BLUE KNIGHT LLC		
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records. I Liability Company)	)
The Articles of Organization for this Limited Liability Compan	y were filed on <u>07/13/2017</u>	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Lial	pility Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		6
(Principal office address MUST BE A STREET ADDRESS)		210g
	- <u> </u>	F 35
		2
		7
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he	office address on our records, re:	enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	ida
	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>	Address	Type of Action
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			□ Remove
			Change
			□ Remove
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ffective date, if other than the date an effective date is listed, the date must be lote: If the date inserted in this block ocument's effective date on the Depart	specific and cannot be pr does not meet the app	ior to date of filing or licable statutory fil	more than 90 days after fili ing requirements, this da	ng.) Pursuant to 605,0207
e record specifies a delayed ef The 90th day after the record		not an effective	time, at 12:01 a.n	n. on the earlier of
November 20th	2019			
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e record specifies a delayed ef The 90th day after the record lated November 20th	fective date, but is filed.	not an effective	rale	n. on the ear

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Typed or printed name of signee

Filing Fee: \$25.00