

47000 196895

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

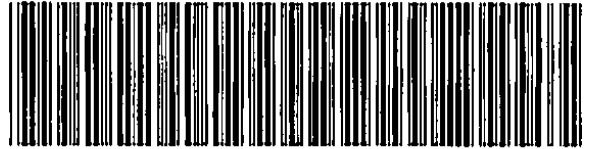
(Business Entity Name)

(Document Number)

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HALL COUNTY, FLORIDA

2020 OCT 26 PM 4:16

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45  
12/5/20



"Stay Relevant" <sup>SM</sup>

1800 Pembroke Drive – Orlando, FL 32810  
(321) 38K-TLLC

October 15, 2020

Florida Department of State  
Registration Section – Division of Corporations  
PO Box 6327  
Tallahassee, Florida 32314

We would like to submit this Amend change to our LLC. If you have any questions please feel free to call us directly at 312-208-1489.

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2020 OCT 26 PM 4:16  
TALLAHASSEE, FLORIDA

**Return address for acknowledgement when issued:**

Eden Zurlent  
3805 Messina Drive  
Lake Mary, Florida 32746

Thank you kindly.

Sincerely, 

Knowledge Transfer LLC

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Knowledge Transfer 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:

Savins Zurlent or William Penkosik  
Name of Person

Knowledge Transfer LLC  
Firm/Company

1800 Pembroke Drive, Ste 300  
Address

Orlando FL 32810  
City/State and Zip Code

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

For further information concerning this matter, please call:

Eden Zurlent at (312) 208-1489  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

2009 OCT 26 PM 4:16

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Knowledge Transfer 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 Sept. 22, 2017 and assigned Florida document number L17000196895

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)

1800 Pembroke Drive, Ste 300  
Orlando FL 32810

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1800 Pembroke Drive, Ste 300  
Orlando FL 32810

**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

By 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>
<u>AMBR</u>	<u>Sanirys E Zurleat</u>	<u>3875 Gliding Place Sanford FL 32773</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>AMBR</u>	<u>William Renkosik</u>	<u>956 S Cedar Ave Elmhurst IL</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

William Renkosik - 100% Interests

2020 OCT 26 PM 4:17  
FILED

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 10-14 2020



Signature of a member or authorized representative of a member

Sanjiv Eden Zurelvent

Typed or printed name of signee