## L18000032057

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## **COVER LETTER**

Div	ision of Corp	porations		
SUBJECT:	Knuckles U			
JOBJECT			ted Liability Company	
The enclosed	d Articles of A	Amendment and fee(s) are subm	nitted for filing.	
Please retur	all correspon	ndence concerning this matter t	to the following:	
		Gabriel Herndon		
			Name of Person	
		CR2E049		
			Firm/Company	<del></del>
		7741 SW 118th Pl		
			Address	<u></u>
		Miami, Florida 33183		
		knucklesupfilms@gmail.com	City/State and Zip Code n	
		E-mail address: (t	o be used for future annual report notific	cation)
For further i	nformation co	oncerning this matter, please ca	<b>II</b> :	
Gabriel Her	non		786 251-4679	
	Name of	Person		Telephone Number
Enclosed is	a check for th	e following amount:		
₩ \$25.00 F	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** 

TO:

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

Knuckies Up LLC	
(Name of the Limited Liability Company as it now (A Florida Limited Liability Company)	v appears on our records.) mpany)
The Articles of Organization for this Limited Liability Company were filed	d on 02/05/2018 and assigned
Florida document number 1.18000032057	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability comp	pany here:
Knuckles Up Films LLC	
The new name must be distinguishable and contain the words "Limited Liability Compan	y," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
	三
	2 1
Enter new mailing address, if applicable:	30
Mailing address MAY BE A POST OFFICE BOX)	
	5 6
B. If amending the registered agent and/or registered office address here:	ress on our records, enter the name of the r
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 ador removed from our records:

MGR =	Manager	
AMBR =	Authorized Member	

<u>Title</u>	Name	Address	Type of Action
			Add
			□ Remove
			☐ Change
			□ Add
			Remove
			Change
			D Add
			□ Remove
			Change
			☐ Remove
			Change
			□ Remove
			Change
			□ Remove

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Effec	tive date, if other than the date of filing: (optional)
Note	ffective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Date	. 2.15 19
Date	Gebried A turns Hampley
	Signature of a member of authorized representative of a member
	Gabriel Anthony Herndon

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Typed or printed name of signee

Filing Fee: \$25.00