Division of Corporations

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Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MCLIN 39 BURNSED P.A.

Account Number: 104657003604

Phone : (352)753-4690

Fax Number : (352)751-4993

****Enter the email address for this business entity to be used for future community report mailings. Enter only one email address please.**

Esmail Address:

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Christine Te melin bursed. con

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN KNIGHTS REI II. LLC

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Certified Copy		0	
Page Count		06	_
Estimated Charge		\$25.00	

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Electronic Filing Menu

Corporate Filing Menu

Help

Registration Section

TO:

COVER LETTER

Division e	of Corporations		•	
Knig SUBJECT:	this REI II, LLC	January (1971)	3: 3: 4:	
	Name of	Limited Liability Company	10.	
			7 · ·	
The enclosed Artic	les of Amendment and fee(s) are	submitted for filing.	r	
Please return all co	orrespondence concerning this ma	itter to the following:		
	Christine M. Thompso		·16	
		Name of Person	<u> </u>	<u> </u>
	McLin Burnsed			
		Firm/Company		
	1028 Lake Sumter Lar	nding		
	<u></u>	Address		
	The Villages, FL 3216	2		
		City/State and Zip Co	ode	
	christinct@mclinbumse	:d.com		
	E-mail addre	ess: (to be used for future ann	ual report notific	ation)
For further informs	ation concerning this matter, pleas		ane F	
Christine M. Thom	npson	352	259-5012	
	Name of Person	Aren Code	Daytime T	elephone Number
Enclosed is a check	k for the following amount:			
■ \$25.00 Filing F	Fee S30.00 Filing Fee & Certificate of Status		,	☐ \$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

7

Sur ACT # 104657003604

17,000

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability C	ompany as it dow appears on our recoited Liability Company)	ords.)
The Articles of Organization for this Limited Liability Completion document number <u>L18000100099</u> .	pany were filed on 04/20/18	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	<u>Kability company here</u> :	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "l	LC" or the abbreviation L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	5)	S 2. 1
		G 34
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Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	4	<u></u>
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		rds, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enier Florida street add	iress
		Florida
	City 2016	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

125

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
AMBR	Brian K. Dees	12025 N.E. 51 Circle	■ Add
		Oxford, FL 34784	☐ Remove
		थं '	☐ Change
AMBR	Christopher R. Day	32507 Hawks Lake Lane	■ Add
		Sorrento, FL 32776	☐ Remove
			☐ Change
MGR	Christopher R.Day	32507 Hawks Lane	☐ Add
		Sorrento, FL 32776	Remove
			Change
		The state of the s	D Add
		44 117 27 21	Remove
			Change
		Section 1990 The Sectio	D Add
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	nature of a member of	or authorized re	presentative of a member	, · · 	-
Sign					

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Filing Fee: \$25.00

f/b/o Christopher R. Day pursuant to	o Operating Agree	ment		
				
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Filing Fee: \$25.00