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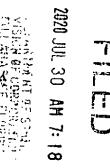
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
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COVER LETTER

Tallahassee, FL 32314

TO: Registration So Division of Cor			
SUBJECT: KAZ	ble Enterpr	itses LLC nited Liability Company	
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		Name of Person	·
		rane of renot	
		Firm/Company	
		Address	
		City/State and Zip Code	
	KnobleLLC	6 9mail com	
			ification)
For further information c	oncerning this matter, please co	all:	
Robert Wil	liamson	at (<u>786</u>) 566 Area Code Daytin	8698
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for th	_		
	☐ \$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 Addres		Street Address:	
Registration S Division of C		Registration Se Division of Co	
P.O. Box 632		The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

띯

Knoble Enterprises L	LC	
Knoble Enterprises L (Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on or liability Company)	ir records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L18 000 11057</u>	were filed on 05	o2 2018 and assigned
This amendment is submitted to amend the following:		.a. — —
A. If amending name, enter the new name of the limited liab	ility company here:	
	-	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a	iddress on our records	s, 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 stre	et 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 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 Title Name Address Type of Action AMBE Clara Hymes 113 Hambrick Drive DAdd Stockbridge, PL 30281 Decemove ____ □Change ABOBR Rodney Grant 113 Hambrick prive Remove Stockbridge, 15 A 30281 □Change Alicia Picardi 5+odebriche, GA 30281 Ambr Clara Hymes 113 Hambrick Drive Gremove Stockbricge, GIA 30281 _____ □Change

_____ □Change

), 11 am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an eft <u>Note:</u>	ive date, if other than the date of filing:
cord is fi	
Dated	7/27/2020
	Follow Williamson Signature of a member or authorized representative of a member
	Fobert Williamson Signature of a member or authorized representative of a member Robert Williamson Typed or printed name of signee

Filing Fee: \$25.00