## 118000/66262

(Re	questor's Name)	
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Certified Copies	_ Certificates	of Status
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## **COVER LETTER**

SUBJECT: KNI Investments LLC Name of Limited Liability Company
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:
Hatalin Haller Name of Person
Name of Person
KNI Investments LLC Firm/Company
10977 Nw 40th Street
Address
Sunrise F1 33351 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) 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

KNT Invo	estments	LLC			
(Name of the Limited Liability Compa (A Florida Limited I	Liability Company)	on our records.)			
The Articles of Organization for this Limited Liability Company Florida document number <u>L1800166262</u> .	were filed on	nliolie	and assign	ned	
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	ility company her	<u>e</u> :			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the des	ignation "LLC" or the al	obreviation "L.L.C	<del></del>	
Enter new principal offices address, if applicable:		· · · · · · · · · · · · · · · · · · ·		~ <del>.~</del>	
(Principal office address MUST BE A STREET ADDRESS)	<del></del>		<u> </u>	<u>₹</u> 5	
			AUG	<u> </u>	
			30	977	
Enter new mailing address, if applicable:			_	<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)			<del></del>	<u> </u>	
				<u> </u>	
			œ	×	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		our records, <u>enter</u>	the name of	the new	
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 agr	ee to act in this ca	macity I further as	rec to counts	with the	

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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Karaly I. Toth	10777 NW 40th Street	🗖 Add
		Sunrise F1 33351	□ Remove
			☐ Change
			D Add
			□ Remove
			□ Change
			🗅 Add
		<del></del>	□ Remove
		<del></del>	Change
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(If an e <u>Note:</u>	tive date, if other than the date of filing:	)5.0207 (3 sted as the
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ear e 90th day after the record is filed.	lier of:
Dated	8 2n 2018	
	Thatali maller	
	Signature of a member or authorized representative of a member	
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Filing Fee: \$25.00