

418000195057

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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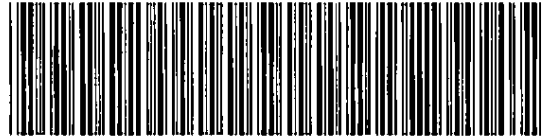
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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SEP 12 2018

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: KNM Services 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:

Kristopher Ulman  
Name of Person

KNM Services LLC  
Firm/Company

2913 102nd Ave E.  
Address

Palmsh, FL 33219  
City/State and Zip Code

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

For further information concerning this matter, please call:

Kris Ulman at ( 941 ) 730-3933  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$25.00 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  
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**

KNM Services 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 8/15/2018 and assigned  
Florida document number 118000195051.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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:

Kristopher Ulman

New Registered Office Address:

2913 102nd Ave E

Enter Florida street address

Parrish

City

Florida

34219

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 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>
MGR	Kristopher Ulman	2913 102nd Ave E	<input checked="" type="checkbox"/> Add
		Parrish, FL 34219	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Kristopher Ulman	2913 102nd Ave E	<input checked="" type="checkbox"/> Add
		Parrish, FL 34219	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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