11800195057

(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
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(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
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COVER LETTER

	ion Section of Corporations		,	· ·	
UBJECT:	KNW	Services	LLC ted Liability Company		
		Name of Limi	ted Liability Company		
he enclosed Artie	les of Amendment	and fee(s) are subr	nitted for filing.		
lease return all co	rrespondence conc	erning this matter t	to the following:		
		Vinis	chapter Illman		
			Stopher Ulman Name of Person		-
		}	KNM Services 11C Firm/Company		_
			Firm/Company		
		2913 10)2nd Ave E. Address		-
			Address		
		Paula	h G 21219		
		[arris	City/State and Zip Code	<u> </u>	-
			•		
		E-mail address: (of 10 gmail.com	notification)	
	ation concerning th	La mattar, planca a	all:		
or further inform	ation concerning in	is matter, prease ea	ati.		
Kns_	1110000		or (A41) 130.	392 2	
	Name of Person		at (<u>941</u>) <u>130-</u> Area Code D:	ytime Telephone Numbe	r
Enclosed is a chec	k for the following	amount:			
□ \$25.00 Filing	ling Fee S30.00 Filing Fee &			□ \$60.00 F	
	Cert	ificate of Status	Certified Copy (additional copy is enclosed)		ate of Status & d Copy
			(auditional copy is enclosed)		d 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 Clitton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NIN .	M Services	LLC			
(Name of the Limite	d Liability Company A Florida Limited Lia	as it now appears on (bility Company)	our records.)		
The Articles of Organization for this Limited Lia Florida document number <u>L18000145051</u>	·	rere tiled on 8	5 2018	and assigned	
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited liabili	ty company here:			
The new name must be distinguishable and contain the we	nds "Limited Liabilit	y Company," the design	ation "LLC" or the ab	breviation "L.L.C."	
Enter new principal offices address, if applica	ıble:				_
Principal office address MUST BE A STREE	T ADDRESS)				_ 36 Տ
					— % Sign
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>80X)</u>				SECRETARY OF STATE ON STATE OF CORPORATIONS 18 SEP -7 PM 12: 39
B. If amending the registered agent and/or the new registered of	or registered off fice <u>address here</u> :	ice address on ou	r records, <u>enter</u>	the name of the	39 5 F
Name of New Registered Agent:	Knotopher	Ulman			_
New Registered Office Address:	2913 102nd	J Ave E Enter Florida s	treet address	<u>-</u>	_
	Pamish	City	, Florida	34.219 Zip Code	·

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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

New Registered Agent's Signature, if changing Registered Agent:

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 = A $AMBR = A$	lanager authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGK	Kristopher Ulman	2913 102nd Ave E	DVAdd
		2913 102nd Ave E Pamish, FC 34219	Remove
			Change
AMBR	Kristopher Ulman	2913 102nd Ave E Pamsin, FL 34219	🗹 Add
		Pamsin, FL 34219	Remove
			Change
			Remove
			Change
			Remove
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			D Add
			□ Remove
			☐ Change
			Remove
			□ Change

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
		18	DIVISION
		SEP	ECRI. SION
		-7	92 17 17 17 17 17 17 17 17 17 17 17 17 17
		PM 12: 3:	CORPONATIONS
		Ω	VAIIO
Note:	tive date, if other than the date of filing:	207 (3)(b) as the	X
If the re (b) The	ecord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier e 90th day after the record is filed.	of:	
Dated	Sept 4th 2018		
	Signature of a member or authorized representative of a member		
	Kaistopher Ulman Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00