## L18000213186

(Requestor's Name)
(Address)
,
<del>-</del>
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:
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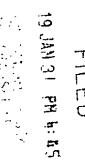




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## **COVER LETTER**

TO: 'Registration Section Division of Corpor			
•	•	4	•
SUBJECT: Kn	ocking LL	_ C ,.	<del></del>
	→Nárme of Lim	ited Liability Company	
The enclosed Articles of Am	endment and fee(s) are sub	mitted for filling.	
Please return all corresponde	nce concerning this matter	to the following:	
	Chad.	Sandiford Name of Person	
		Firm/Company	
	2323 Fid	diers Lane	
	<u> </u>	Adidress	
	Atlantic I	Seach, FL 3:	2233
-	Chade -	Seach, FL 3: City/State and Zip Code thind Kind bey to be used for future annual report no	ond.com
For further information conce	eming this matter, please ca	all:	
Chad Sar	nd itord	at ( <u>904)</u> 859 Area Code Daytir	1-9995
Name of Per	90ri	Area Code Daytir	me Telephone Number
Enclosed is a check for the fo	llowing amount:		
DZ \$25.00 Filing Fee D	3 \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	<ul> <li>\$60.00 Filing Fee,</li> <li>Certificate of Status &amp;</li> <li>Certified Copy</li> <li>(additional copy is enclosed)</li> </ul>

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

Knacking LLC

(Name of the Limited Liability Compar (A Florida Limited L	y as it now appears on our records.) ability Company)	<del></del>
The Articles of Organization for this Limited Liability Company of Florida document number <u>L18000213186</u> .	were filed on <u>09/06/2018</u>	_and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
Tacks on ville Lawn Land The new name must be distinguishable and contain the words "Limited Liability"		
Enter new principal offices address, if applicable:	13702 cheyne	RJ.
(Principal office address MUST BE A STREET ADDRESS)	Jacksonville, FL	32224
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	Po Box 331177 Atlantic Beach,	FL 32233
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		name of the new
Name of New Registered Agent:		19 J
New Registered Office Address:	Enter Florida street address	32 77
	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	City	The cope

If Changing Registered Agent, Signature of New 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.

MGR≂ Manager AMBR = Authorized Member <u>Title</u> Type of Action <u>Name</u> □ Add □ Remove \_□ Change □ Remove ☐ Change \_□ Remove ☐ Change \_□ Add □ Remove ☐ Change □ Remove □ Change □ Add \_□ Remove \_ 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:

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
_	
_	<del></del>
_	
_	
effec <u>e:</u> If	re date, if other than the date of filing:
eco 1e S	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.
xd_	December 21st 208
	Signature of a prember or authorized representative of a member
	Chad Sandiford

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Filing Fee: \$25.00