118000 292732

(Re	questor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ви	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



200322762042

01/22/19~-010:7--010: ++25.0

2019 JAN 22 PM 2: 20

Murk

JAN 3.0 7019 I ALBRITTON

COVER LETTER

TO: Registration Section Division of Corpor		e de la companya della companya della companya de la companya della companya dell	·
SUBJECT: ALL	Knight LOV Name of Limite	e LLC ed Liability Company	
The enclosed Articles of Am	endment and fee(s) are subm	itted for filing.	
Please return all corresponde	ence concerning this matter to	the following:	
	Jess	ica T Knight Name of Person	
		Firm/Company	
	9418 Ra	ndal Park blvd Address	-4126
	Orlando, F	L 32832 City/State and Zip Code	
	E-mail address: (to	tove a gmail. Cov	on)
For further information cond	eerning this matter, please cal	l:	
Jessica T Name of Pe	Knight	at (347) 291 - 5 Area Code Daytime Tel	563 ephone Number
Enclosed is a check for the f	following amount:		
52 \$25,00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 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

T	0 2 4
ARTICLES OF O	RGANIZATION
O	F Contraction
A LL Knight 101 (Name of the Limited Liability Compa (A Florida Limited L	ve LLC ny as it now appears on our records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 18000 292 732</u> .	were filed on December 21, 2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	llity company here:
The new name must be distinguishable and contain the words "Limited Liabil	
Enter new principal offices address, if applicable:	9418 Randal Park blvd
(Principal office address MUST BE A STREET ADDRESS)	Unit 4126
	Orlando, FL 32832
Enter new mailing address, if applicable:	P.a Box 620871
(Mailing address MAY BE A POST OFFICE BOX)	Orlando, FL 32862
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent: New Registered Office Address:	Fice address on our records, enter the name of the new E: 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 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>Address</u> Type of Action Title **Name** 9418 Randal Park blvd Richard A Knight Unit 4126 Orlando, FL 32832 Wichange COO Jessica T Knight 9418 Randal Park Blud DAGO Unit 4126 □ Remove Orlando, FL 32832 ☐ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change ☐ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change

_	
_	
_	
-	
-	
_	
-	
-	
_	
_	
-	
-	
_	
-	
-	
f an eff Note:	ive date, if other than the date of filing:
ne red The	cord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier of $90 ext{th}$ day after the record is filed.
Dated	1/17/ .2019.
	In 7=T-1/-
	Signature of a member or authorized representative of a member
	\mathcal{U}

Page 3 of 3

Filing Fee: \$25.00