## L19000 013 179

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	- ming Gillesin	

Office Use Only



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To WHOM IT MAY CONCERN,

PLEASE FIND \$ 2500 CHECK FOR AMMENDMANT.

PLEASE REMOVE LANE WESTBROOK
FROM KNOT RITE PUB LLC L 19 0000 13179

7942 FRONT BEACH RD.
PCB, FL 32408

## **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT:	THE	KNOT RITE PI	<u> JBU</u> C
	Name of Limi	ited Liability Company	
The enclosed Articles o	of Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	K	ATHRYNE SHAT	TER
	K	NOT RITE PUB	<del></del>
		GY2 FRONT 9	BGH RO
	<u> </u>	ANAMA CITY City/State and Zip Code	BUI, FL 32408
F Gdh i- Gdia-		to be used for future annual report not	(fication)
ror turtner information	concerning this matter, please ca	nii:	<b>0</b>
Name	of Person	at ( ) Daytin	ne Telephone Number
Enclosed is a check for	<del>-</del>		
■ \$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)
Regis Divis P.O.	LING ADDRESS: stration Section ion of Corporations Box 6327 hassee, FL 32314	STREET/COUR Registration Section Division of Corpo Clifton Building 2661 Executive Co Tallahassee, FL 32	on rations enter Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The hnot Rite	Pub LIC	2015 CCT	<u>-9 F'! 12: 30</u>
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	i <mark>ny as If now appears on our re</mark> Liability Company)	<u>cords.</u> )	.2 30
The Articles of Organization for this Limited Liability Company Florida document number \(\textstyle \lambda \frac{9}{2000} \rac{3179}{2179}	were filed on	1.19	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liah	ility company here:		
	ALM		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "	LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	9111	\	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		ords, <u>enter th</u>	e name of the new
Name of New Registered Agent:	KATHRYNE SH		
New Registered Office Address:	YO HONAS Enter Florida street ac	tdress	
	City	, Florida	32406 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>	Address	Type of Action
MGB	KATHRYNE SHAFER	3901 THOMAS DRIVE	
		PCB, FL 32408	□ Remove
			Change
AMBR	LAME WESTBROOK	NO KNOWN ADDRESS	Add
*	NO LONGER WITH COMP	ANY PIFASE REMOVE	Remove
W. 100 MINDER MILH COLLY	THE SOUNDER THE THE SOUND STATE OF THE SOUND STATE		☐ Change
			□ Add
			□ Remove
			Change
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	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(It an effe Note:	ve date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	OCT 2 . 2019 . X . Th
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00