## L19000014797

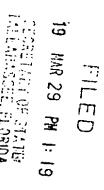
(R	Requestor's Name)	
(A	(ddress)	
(A	ddress)	
- 111		
(C	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
	Business Entity Name)	
(C	Occument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	o Filing Officer:	
		- <u>-</u> -

Office Use Only



300326857423

ÜS/25/19--01012--027 \*\*30.00



96) 41/1/10

## **COVER LETTER**

Division of C		
KNBP, I SUBJECT:	LLC	
50БЈБСТ.	Name of Limited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are submitted for filing.	
Please return all corres	spondence concerning this matter to the following:	
	Olga Rodriguez	
	Name of Person	
	KNBP, LLC	
	Firm/Company	
	9066 SW 73 Court Apt 1005	
	Address	
	Miami, Florida 33156	
	City/State and Zip Code	
	olgarodriguez723@gmail.com	
	E-mail address: (to be used for future annual report notification	n)
For further information	n concerning this matter, please call:	
Olga Rodriguez	305 778-8448	
Name	at () le of Person	phone Number
Enclosed is a check for	or the following amount:	
\$25.00 Filing Fee	✓ \$30.00 Filing Fee & Certificate of Status	☐ \$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

KNBP, LLC			
(Name of the Lim	ted Liability Company as (A Florida Limited Liabili	it now appears on our records ty Company)	
The Articles of Organization for this Limited I	iability Company were	filed on 1/14/2019	and assigned
Florida document number 1.19000014797	·		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability	company here:	
The new name must be distinguishable and contain the	words "Limited Liability Co	ompany," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STREI	ET ADDRESS)		29 m
Enter new mailing address, if applicable:	_		PA TO
(Mailing address MAY BE A POST OFFICE	BON)		<u> </u>
B. If amending the registered agent and registered agent and/or the new registered of		address on our records,	enter the name of the new
Name of New Registered Agent:	Arturo Rodriguez		
New Registered Office Address:	9066 SW 73 Court A	pt 1005	
		Enter Florida street address	
	Miami	Flor	
	(	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.

f Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Olga Rodriguez	9066 SW 73 Court Apt 1005 Miami, Florida 33156	
			Remove
			Change
MGR	Arturo Rodriguez	9066 SW 73 Court Apt 1005 Miami, Florida 33156	
			■ Remove
			□ Change
			Dād
			Remove Change
			29 B 1: Remove
			Change
			Add
			Remove
			□ Change
		- <del></del>	Remove
			Change

		<del>_</del>				<del></del>
<del></del>			<del></del>			
	<del></del>					
			_			<u></u>
		<del></del>				
	<u> </u>			- · · ·		
<del></del>						<u></u>
						夏 71 2
					17.50 17.50	<del>9</del>
		-			<u> </u>	<del>2</del>
					57	9
					····	<del></del>
		<u></u>		· <u>· · · · · · · · · · · · · · · · · · </u>	<del></del>	
Note: If the date is	other than the date listed, the date must be spenserted in this block do we date on the Departm	ecitic and cannot to les not meet the	be prior to date of filing applicable statutory	g or more than 90 day		
	fies a delayed effe after the record is		ut not an effecti	ive time, at 12:	01 a.m. on t	he earlier o
Dated		. 20 Un ∈ urefit a member	O19 Kollique or Juthorized refressen	Lative of a member		
	-	Olaa	Rospilar	• 2		

Page 3 of 3

Filing Fee: \$25.00