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COVER LETTER

O: Registration Section Division of Corporations
UBJECT: Might Gargage Organization Services L.L.C. Name of Limited Liability Company
he enclosed Articles of Amendment and fee(s) are submitted for filing.
lease return all correspondence concerning this matter to the following:
Knight Gargage Organization Services CLC
3900 CORD Avenue Address Saint Cloun FR 34772 City/State and Zip Code
Sant Cloud F2 34772 City/State and Zip Code Knight squrage LLC c out look Com E-mail address: (to be used for future annual report notification)
or further information concerning this matter, please call:
Senneth Jewis at (407) 687-3032 Name of Person Area Code Daytime Telephone Number
nclosed is a check for the following amount:
S25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certificate of Status Certificate of Status & Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Knight Gargage Organization Services L.L.C.

(Name of the film)	(A Florida Limited)	iny as it now appears on (Liability Company)	our records.)			
The Articles of Organization for this Limited I. Florida document number $\underline{L190004}$		were filed on Feh !	8 2019	{	and assi	gned
This amendment is submitted to amend the foll	owing:					
A. If amending name, enter the new name of Knights Garage Orga. The new name must be distinguishable and contain the second name of the new na			, C, C, ation "LLC" or the	abbrevia	ntion "L.I.	C."
Enter new principal offices address, if applic	rable:					
(Principal office address MUST BE A STREI	ET ADDRESS)				<u>نئ</u>	
				<u>.</u>		
					 t	
Enter new mailing address, if applicable:					=	
(Mailing address MAY BE A POST OFFICE	BOX)					
						-
				· ·		
B. If amending the registered agent and registered agent and/or the new registered o Name of New Registered Agent: New Registered Office Address:	Menneth 3900 Co	n Janes Le DRD Avenue Enter Florida su	e eet address			
	Sain + C	1000	Florida	24	992	_
		City	, FIOLIUA _	<u> </u>	n 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.

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
			Remove
			☐ Change
			🗀 Add
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			Change
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Employer Identification 1	Identification Number 83-3746447				
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tive date, if other than the date of filing: flective date is listed, the date must be specific and cannot be pric. If the date inserted in this block does not meet the appliment's effective date on the Department of State's record.	icable statutory fil			ig.) Pursua	
cord specifies a delayed effective date, but nee 90th day after the record is filed.	ot an effective	time, at 13	2:01 a.m	ı. on the	e earli
February 28th 2019 Bennett James Le Typed or prin					
Depull Jones /4	ever	1/18 . C / 1 Parism b	<u> </u>	 .	

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Filing Fee: \$25.00