L190000 47746

(Requestor's Name)
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(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Dusiness Falin Name)
(Business Entity Name)
(Document Number)
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FLORIDA DEPARTMENT OF STATE Division of Corporations

April 4, 2019

KENNETH PEWIS 3900 CORD AVE SAINT CLOUD, FL 34772

SUBJECT: KNIGHTS GARAGE ORGANIZATION SERVICES L.L.C.

Ref. Number: L19000047746

We have received your document for KNIGHTS GARAGE ORGANIZATIONS SERVICES L.L.C. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please revise section A of the application if amending name.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 119A00006718

Dionne M Scott Regulatory Specialist II

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ration Dervice		<u></u>	
(Name of the Limited Llability (A Florida	Company as it now appears on ou Limited Liability Company)	<u>ır records.</u>)		
The Articles of Organization for this Limited Liability Co Florida document number <u>レタのののサファ</u>	* *	19	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit The new name must be distinguishable and contain the words "Limit	tion Services	ion "L.L.C" or the a	bbreviation "L.L.C."	-
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDR.)	3900 COPA	Avenue		-
Trincipal Office dataress MOST DE A STREET ADDR.	2007 - City - 1004-)	1		-
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				_
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	-		÷ :]	•
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		records, enter		nev
registered agent and/or the new registered office addr	ess nere.	· · · · · · · · · · · · · · · · · · ·	' م [ا	
Name of New Registered Agent:			<u>></u> 」	_
New Registered Office Address:		1-	-	_
	Enter Florida stre	eet address		_
		, Florida		_
	City		Zin 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
AMBR	Kenneth Pewis	3900 CORD Avenue	Add
		3900 CORD Avenue Saint Cloud, FL 34772	□ Remove
			□ Change
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date o	(opti	ional)) Pursuant to 6	05 0
iote: If the date inserted in this block does not meet the applicable stat ocument's effective date on the Department of State's records.				
ocument 5 effective date on the Department of State 5 feededs.				
e record specifies a delayed effective date, but not an ef The 90th day after the record is filed.	ffective time, at 12:01	a.m.	on the ear	lier
2/20/10 March 70 1019				
ated 2400 11 Mora				
Signature of a member of authorized rep	presentative of a member			

Page 3 of 3

Filing Fee: \$25.00