

L19000128794

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

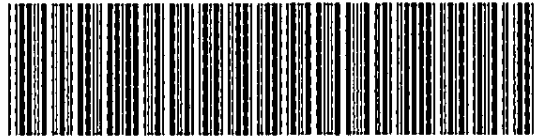
(Business Entity Name)

(Document Number)

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2021 JAN 19 PM 6:16

SECRETARY OF STATE  
TALLAHASSEE, FL

3/21/21

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** AMICA NAVIS LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Che Brace

Name of Person

Amica Navis LLC

Firm/Company

926 Lajolla lane

Address

Mary Esther, 32569

City/State and Zip Code

firstnightllc@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Che Brace

850

5170489

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$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)

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**FILED**

2021 JAN 19 PM 6:16

Amica Navis LLC

(Name of the Limited Liability Company as it now appears on our records)  
(A Florida Limited Liability Company)

SECRETARY OF STATE  
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 05/13/2019 and assigned  
Florida document number L19000128794.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

First Knight LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

926 Lajolla lane

Mary Esther

FL. 32569

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

926 Lajolla Lane

Mary Esther

FL. 32569

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Che Brace

New Registered Office Address:

926 Lajolla Lane

*Enter Florida street address*

Mary Esther

Florida 32569

*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

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

IGR = Manager

MBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Mrs	Meghan Schultz	5735 Mansfield Drive	<input type="checkbox"/> Add
		Crestview	<input checked="" type="checkbox"/> Remove
		FL.32536	<input type="checkbox"/> Change
Mr	Robert F Labrosse	926 Lajolla Lane	<input checked="" type="checkbox"/> Add
		Mary Esther	<input type="checkbox"/> Remove
		FL. 32569	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Comapny needs to change shares and manager (Ownership) From Meghan Schult to Robert Labrosse

Che Brace stays the same and also becomes the new registered agent and new address

\* Also name change as per document

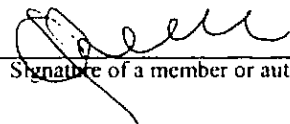
E. Effective date, if other than the date of filing: 01/01/2021 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 01/15/2021



Signature of a member or authorized representative of a member

Che Brace

Typed or printed name of signee