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Special Instructions to Fil	ing Officer:	
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COVER LETTER

Division of Corporations		
SUBJECT: Knight Excaugh Name of Lim	ing & Grading Company	<u>uc.</u>
The enclosed Articles of Amendment and fee(s) are sub-	omitted for filing.	
Please return all correspondence concerning this matter	to the following:	
Knight Ex 2055 www. Sarasaky josh@keren	Name of Person Cavating & Graphing A Graphing Firm/Company Address FL 34237 City/State and Zip Code Nurran mental. com (to be used for future annual report notific	7
For further information concerning this matter, please of	• •	
Joshua Wacd	at ()	7232 3
Name of Person	Area Code Daytime	Telephone Number
Enclosed is a check for the following amount:		
S25.00 Filing Fee S30.00 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	Street Address: Registration Sec	ction

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

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

ARTICLES OF		4.04
TO ARTICLES OF O O	RGANIZATION	6
Knights Excavading & Gr (Name of the Limited Liability Compa (A Plorida Limited L	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number (1900 1880 24).	were filed on <u>7/22/19</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabil Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	ity Company." the designation "LLC" or the	abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the na</u>	nme of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Floridu street address	
	, Florida	
	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 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
MGR	Joshua wood	2055 ward St STE 11	9 □Add
		Suraseda FL 34237	Remove
			□Change
AMBR	Mare Kersch	Saraseda FL 3423)	/ □Add
		Saraseda FL 34237	LRemove
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ocume	nt's effective date on the Department of State's records.
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
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ated _	<u> </u>
	Signature of a member or authorized representative of a member
	Simplying of a manufacture of the state of t
	Joshua Wald

Filing Fee: \$25.00