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(((H20000235785 3)))



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To:

Division of Corporations

Fax Number

(850)617-6383

From:

Account Name : GONZALEZ & ASSOCIATES III PA

Account Number : I20190000077

Phone Fax Number : (954)773-7286 : (954)526-8825

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN KNIGHTMODELS LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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COVER LETTER

TO: Registratio Division of	on Section Corporations		
SUBJECT:	KNIGHT	MODELS LLC	
SUBJECT:	Name of Lim	ited Liability Company	
	es of Amendment and fee(s) are sub	_	
	ANTONIO GONZALEZ		
		Name of Person	
	GONZALEZ & ASSOCI	ATES PA INC	
		Firm/Company	
	1820 N CORPORATE L	AKES BLVD SUITE 107	
	 :	Address	
	WESTON, FL 33326		
		City/State and Zip Code	·
	, -	NANCIALGROUP.COM	
		to be used for future annual report noti	fication)
For further informat	ion concerning this matter, please c	all:	
ANTONIO GONZALEZ		954 773-7286	
Name of Person		at ()	e Telephone Number
Enclosed is a check	for the following amount:		
■ \$ 25.00 Filing Fo	ee ☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing	Idraec.	Street åddrees	

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

Jul. 21. 12020 11:09AM

AME Financial Group

H200002357853

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2020 / 21 11 9:36

K			9: 56
	NIGHTMODE		
(Name of the Limit	(A Florida Limit	nnany as it now appears on our reco ed Liability Company)	<u>rd1.</u>)
he Articles of Organization for this Limited L.	iability Compa	any were filed on02/11/2020	and assigned
orida document numberL20000048690			
his amendment is submitted to amend the folk			
. If amending name, <u>enter the new name o</u>	f the limited li	iability company here:	
N/A			
ne new name must be distinguishable and contain the w	vords "Limited Li	ability Company," the designation "LI	.C" or the abbreviation "L.L.C."
nter new principal offices address, if applic	able:	N/A	
Principal office address MUST BE A STREE			
	A THODIGAGO		
nter new mailing address, if applicable:		1820 N CORPORATE LAK	ES BLVD SUITE 107
Mailing address MAY BE A POST OFFICE	ROY)	WESTON, FL 33326	
The state of the s	<u>DON/</u>		·····
			······································
. If amending the registered agent and/or r	egistered offic	ce address on our records, ente	er the name of the new registe
gent and/or the new registered office addres	ss here:		
	N/A		
Name of New Registered Agent:	N/A	-	······································
New Registered Office Address:	- <u></u> -		··
		Enter Florida street addr	ess
			Florida
		City	Zip Code
	Danistarad Ama	ni:	
ew Registered Agent's Signature, if changing I	Menistered Whe		

Jul. 21. 2020 il:09AM AME Financial Group

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

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MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
	JOSE AL CABALLERO	1820 N CORPORATE LAKES BLVD STE 107	DAdd
		WESTON, FL 33326	□Remove
		New Title: Member-Partner	= Change
			🗆 Add
			□Remove
			□Change
			🗆 Add
			□Remove
			🗆 Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

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e: If the	te, if other than the dat late is listed, the date must be s date inserted in this block effective date on the Depart	does not meet the applica	able statutory filing requ	(optional) un 90 days after filing.) Pursi virements, this date will r	iant to 605.02 iot be listed
cord speci filed.	ifies a delayed effective da	ie, but not an effective ti	me, at 12:01 a.m. on the	earlier of: (b) The 90th	i day after th
ed	JULY 21	2020			
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		1/00/			

Filing Fee: \$25.00