## L20000310401

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T. MATTHEWS

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## **COVER LETTER**

то:	Registration Se Division of Cor			
SUBJI	ECT: K.N.O. Pro	perties LLC		•
000.	<u> </u>	Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub	-	
Please	return all correspo	indence concerning this matter	to the following:	
		Khadijah Crutchley-Olive		
			Name of Person	
			Firm/Company	<del></del>
		2115 Gray Beal Ave		
			Address	
		Port Saint Lucie, FL 3495	City/State and Zip Code	
		knoproperties@gmail.com E-mail address: (	to be used for future annual report no	tification)
For fu	ther information c	oncerning this matter, please c	·	
Khadi	jah Crutchley-Oliv	ver	at ( <u>954</u> ) <u>560-4966</u>	
	Name o	f Person	Area Code Daytii	me Telephone Number
Enclos	ed is a check for th	ne following amount:		
■ \$2	5.00 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 Addres Registration S		Street Address: Registration Sc	ection
	Division of C		Registration Section Division of Corporations	
	P.O. Box 632	•	The Centre of	•
	Tallahassee, I	FL 32314	2415 N. Monro	oe Street. Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

22 FET 13 FILIZ: 33

L' N.O. Droportine I	116	W. 00
K.N.O. Properties I (Name of the Limited Lia (A Flo	ability Company as it now appears on our reco orida Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liabilit	ty Company were filed on 10/1/2020	and assigned
Florida document number L20000310401	·	
This amendment is submitted to amend the following	ţ:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and contain the words "	Limited Liability Company," the designation "L	I.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<del></del>
(Principal office address MUST BE A STREET AD	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>	
in the second se		
B. If amending the registered agent and/or registered agent and/or the new registered office address her  Name of New Registered Agent:  New Registered Office Address:	re:	
	Enter Florida street address	
		Florida
New Registered Agent's Signature, if changing Regist	,	nap Cinii
I hereby accept the appointment as registered age provisions of all statutes relative to the proper an accept the obligations of my position as registered being filed to merely reflect a change in the regist company has been notified in writing of this chan	ent and agree to act in this capacity. I ad complete performance of my duties. d agent as provided for in Chapter 60: tered office address, I hereby confirm	and I am familiar with and 5, F.S. Or, if this document is
	If Changing Registered Agent, Signatur	e 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
			□Add
			□Remove
			☐ Change
			□Remove
			□('hange
			Dodd
			Remove
			□Change
<del>_</del>	<del></del>		
			□Remove
			☐ Change
			□Add
			□Remove
			🗀 Change
			□Add
			□Remove
			□Change

P	ease, amend the EIN number associated with this entity to 87-4422739. Please, see attach document.
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Note: 1	e date, if other than the date of filing:  (optional)  tive 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 ( The date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as that's effective date on the Department of State's records.
record d is file	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 d.
Dated <u>F</u>	ebruary 2 . 2022

Filing Fee: \$25.00