120000343695

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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2022 NOV 10 AM 8: 58
SECRETARY OF STATE
TALLAHASSEF FI

COVER LETTER

TO:

Registration Section
Division of Corporations

Knowledge SUBJECT:	dash, LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Karole A. Dawson		
		Name of Person	
	Knowledgedash, LLC		
		Firm/Company	
	1394 Maple Street Southw	est	
		Address	
	Largo, Florida, 33770		
		City/State and Zip Code	
	tom@knowledgedash.com		
	E-mail address: (to be used for future annual report not	fication)
For further information c	oncerning this matter, please c	all:	
Tom Dawson		727 3591424 at ()	
Name o	f Person	Area Code Daytin	e Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25,00 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 Addres Registration S		<u>Street Address:</u> Registration Se	ction
Division of Corporations		Division of Co	
P.O. Box 632		The Centre of	
Tallahassee, l	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Knowledgedash, LLC		
(<u>Name of the Limited I</u> (A I	iability Company as it now appears on our records.) lorida Limited Liability Company)	
The Articles of Organization for this Limited Liabi	lity Company were filed on 11/1/2020	and assigned
Florida document number L20000343695		
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
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	e:	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO.	<u> </u>	
		17 N2 N2
		KET NOV
B. If amending the registered agent and/or regis		me of the new registered
agent and/or the new registered office address h	ere:	Y OI
N 6N 8 1 1		EE. S
Name of New Registered Agent:		7 4 8
New Registered Office Address:		mi
	Enter Florida street address	
-	, Florida	Zın Code
	Cuy	zip соас

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Thomas Marvin Dawson	1394 Maple Street Southwest, Largo, Florida, 33770	■ Add
			□Remove
			🗆 Change
			□Add
			□ Remove
	 		🗀 Add
			🗆 Remove
			□Change
			□ Add
			□Remove
			□Add
			□ Remove
			Change
			□Add
			□Remove
			□Chanve

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i effect <u>te:</u> If	e date, if other than the date of filing:
	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
cord : s filec	•
s filec	
s filec	November 1 . 2022. Kaul a. Da. Signature of a member or authorized representative of a member

Filing Fee: \$25.00