## L20 000 364203

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Sasinoss Eliak, Hallie)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



200356203902

12/11/20--01022--004 \*\*30.00

2020 DEC 11 PH 4+ 05

19A-121

## **COVER LETTER**

SUBJECT: Knerr Properties LLC Wame 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:
Please return all correspondence concerning this matter to the following:
TCC A K. C.
Jeffery A. Knerr Sr. Name of Person
Knerr Properties LLC Firm/Company
1511 Chilean Ln. Address
City/State and Zip Code  Jeff Knerr 1 @ gmail. Com  E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jeffery Knerr at (407) 865-3860  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee  Certificate of Status  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 Section
Division of Corporations P.O. Box 6327  Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

P.O. Box 6327 Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kner Pro	perties	LLC			
(Name of the Limited (A	Liability Compan Florida Limited Li	y as it now appears ( ability Company)	on our records.)		
The Articles of Organization for this Limited Liab Florida document number <u>L 2 000 0 3 (4</u>	ility Company v +203	vere filed on 12	17/20	and as	signed
This amendment is submitted to amend the follow	ing:				
A. If amending name, enter the new name of the	<u>ie limited liabil</u>	ity company here	2:		
		·		<u> </u>	
The new name must be distinguishable and contain the word	ls "Limited Liabilit	y Company," the desi	ignation "LLC" or the a	bbreviation	.L.C."
Enter new principal offices address, if applicab	le:			<u> </u>	
(Principal office address MUST BE A STREET	<u>4DDRESS)</u>				<u>;</u>
		<del></del>		<del>- 2</del>	[7]
Enter new mailing address, if applicable:					ر
(Mailing address MAY BE A POST OFFICE BO	OX)				
B. If amending the registered agent and/or registered agent and/or the new registered office address h		ddress on our rec	ords, <u>enter the na</u> r	me of the ne	w registered
Name of New Registered Agent:	H <sub>2</sub> C	Ery A.	Knerr Si	<u> </u>	
New Registered Office Address:	1511	Chilcan Enter Florid	Ln. u street address		
	Winter	Park	, Florida _	3279	2
		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

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
			Remove
			☐Change
			□Add
			Remove
			□Change
			🗆 Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
		-	□ Remove
			□Change
		~ <del>~</del>	□Remove
			□ Change

_		
-		
_		
_		
		- · <del>-</del> · <del>-</del>
_		
_		
_		·
Note: If	ive date, if other than the date of filing: i2/7/20 (of fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days of the date inserted in this block does not meet the applicable statutory filing requirements, ment's effective date on the Department of State's records.	optional) after filing.) Pursuant to 605.0207 , this date will not be listed as t
e record : rd is filed	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of led.	f: (b) The 90th day after the
Dated	December 7, 2020	
	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00