L21000054348

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
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COVER LETTER

TO:

Registration Section
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

	prise Group LLC	4			
SUBJECT:	Name of Limi	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspo	indence concerning this matter	to the following:			
	Nichole Mobley				
Name of Person					
	KNB Enterprise Group LLC				
		Firm/Company			
	6501 Arlington Expresswa	y B105 #2146			
		Address			
	Jacksonville, FL 32211				
	-	City/State and Zip Code			
	nichole@tnxpressllc.com	to be used for future annual report notifi			
			cation)		
For further information c	oncerning this matter, please ca				
Nichole Mobley		352 207-5461 at ()			
Name o	f Person	Area Code Daytime	Telephone Number		
Enclosed is a check for the	ne following amount:				
\$25.00 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 Sec	tion		
Division of C		Division of Corp			

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited I	inv as it now appears on our records Liability Company)	.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000054348</u>	were filed on 02/01/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
KNB ENTERPRISE GROUP LLC		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	6501 Arlington Expressway B1	05#2146
(Principal office address MUST BE A STREET ADDRESS)	Jacksonville, FL 32211	
		1
Enter new mailing address, if applicable:	6501 Arlington Expressway B1	05#2146 =
(Mailing address MAY BE A POST OFFICE BOX)	Jacksonville, FL 32211	2
		7
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>enter</u>	the name of the new regis
New Registered Office Address:	Enter Florida street address	
	Flo	rida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

KNR ENTERPRISES GROUP LLC

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
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			□Remove
			□Change
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			27
			
01/29/2021			
Iffective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to date of filing of	(op	tional)	munet to 605 0207
Yote: If the date inserted in this block does not meet the applicable statutory fi	lling requirements, t	his date will	not be listed as
document's effective date on the Department of State's records.			
	.1 11 6	/L\ 77 00	ul. d
record specifies a delayed effective date, but not an effective time, at 12:01 a.i d is filed.	m, on the earner or:	(b) The 90	in day after the
Dated $3/3$, 2021			
Dated 3/3) 2021			
Signature of a member or authorized representat	tive of a member		
Nichole Mobley			

Filing Fee: \$25.00