L21000097008

	questor's Name)	
(Re	questors Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
	siness Entity Nam	(a)
(Bu	Siness Endry Nam	ie)
		···
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Eiling Officer	
Special instructions to	Filing Officer.	

Office Use Only



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COVER LETTER

TO:

TO: Registration Se Division of Cor		•	
Rewritten L			
SUBJECT:	Name of Lim	Name of Limited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Ryan Knuppel		
		Name of Person	
		Firm/Company	
	19047 Blueleaf St.		
		Address	
	Orlando, FL 32827		
		City/State and Zip Code	
	ryan@knupteam.com		
For further information c	E-mail address: (oncerning this matter, please c	to be used for future annual report no all:	tification)
Ryan Knuppel		i 309-696-40	
Name o	f Person	Area Code Daytii	ne 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 Address		Street Address: Registration S	ection
Registration S Division of C		Registration So Division of Co	
P.O. Box 632	-	The Centre of	•
Tallahassee,	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Rewritte Life LLC		·	 _
(Name of the Limit	(A Florida Limited	iny as it now appears on our Liability Company)	records.)
he Articles of Organization for this Limited L. lorida document number 1.21000097008	iability Company	were filed on <u>03/01/2021</u>	and assigned
his amendment is submitted to amend the following	owing:		
If amending name, enter the new name o	f the limited liab	oility company here:	
he Knup Team LLC			
he new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applic	cable:	19047 Blueleaf St.	
Principal office address MUST BE A STREET ADDRESS)		Orlando, Fl. 32827	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		19047 Blueleaf St.	,
		Orlando, FL 32827	•
			
3. If amending the registered agent and/or		address on our records,	enter the name of the new regist
gent and/or the new registered office addre	<u>ss here</u> :		
Name of New Registered Agent:	Ryan Knuppel		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	19047 Blueleat	f St.	
		Enter Florida street	address
	Orlando		, Florida ³²⁸²⁷
		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
MGR	Sarah Knuppel	19047 Blueleaf St.	□Add
		Orlando, FL 32827	□Remove
		<u></u>	
MGR Ryan Knuppel	Ryan Knuppel	19047 Blueleaf St.	□Add
		Orlando, FL 32827	□Remove
			= Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Remove
			□Change

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lf an effe <u>Note:</u>	ve date, if other than the date of filing:	(207 Las (
	ford specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlies 90th day after the record is filed.	r of
Dated :	October 14	
	Ka-lk	
	Signature of a member or authorized representative of a member	