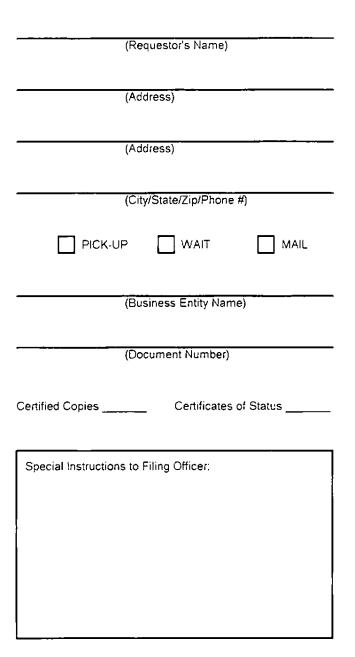
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Office Use Only





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### **COVER LETTER**

Division of Corpo			
SUBJECT:	T Know i	Vations LL pited Liability Company	-C
The enclosed Articles of Ar	nendment and fee(s) are sub	omitted for filing.	
Please return all correspond	lence concerning this matter	to the following:	
		Name of Person	
	Iknowya	Firm/Company	
	720 Luc	erne Ave.	Unit 806
	Lake Wi	City/State and Zip Code	33468
	IV Now 60	o befused for future annual repor	notification)
For further information conc	eerning this matter, please ca	all:	
Lori A.M.	osky Irson	at ( <u>561</u> ) <u>5</u>	14-8381 aytime Telephone Number
Enclosed is a check for the f	ollowing 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: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:
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

- Lknow Vations.	LLC	
( <u>Name of the Limited Liability Conf</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Compan	y were filed on 05/01/20	and assigned
Florida document number <u>121000 210 851</u>	, ,	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial    A		
	ility Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	720 Lucerne	Live
(Principal office address MUST BE A STREET ADDRESS)	Lake Worth	h, FL 33460
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the na	me of the new registered
gareta ante mareta nere.		1924
Name of New Registered Agent:		;
New Registered Office Address:		2
	Enter Florida street address	
		ယ္
<del></del>	City	- Ziþ 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 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	Membe

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
			□Change
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		<del></del>	□Remove
		<del></del>	□Change
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tore. II	e date, if other than tive date is listed, the date the date inserted in thi it's effective date on th	is block does not n	neel the applicabl	date of filing or more the e statutory filing requ	(optional) an 90 days after filing. uirements, this date	Pursuant to 605,0201 will not be listed as
ocumen						
ocumen record s	specifies a delayed effe l.	ective date, but not	an effective time	, at 12:01 a.m. on the	e earlier of: (b) The	90th day after the
ocumen record s I is filed	specifies a delayed effe d. March	ective date, but not	an effective time	. at 12:01 a.m. on the	e earlier of: (b) Thu	90th day after the
ocumen record s l is filed	i.		2024			90th day after the
ocumen record s	i.		2024	ed representative of a n		90th day after the