

L 21000362947

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : CORPORATE CREATIONS INTERNATIONAL INC.  
Account Number : 110432003053  
Phone : (561)694-8107  
Fax Number : (561)214-8442

2021 DEC 13 AM 10:17  
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

2021 DEC 13 PM 4:00

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
KNEE DEEP 6 LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

DEC 14 2021  
A. LUNT

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KNEE DEEP 6 LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

2021 DEC 13 AM 10:17
STATE OF FLORIDA
DIVISION OF CORPORATE AND FINANCIAL SERVICES

The Articles of Organization for this Limited Liability Company were filed on 8/12/2021 and assigned Florida document number L21000362947

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

1713 Crossbill Dr.

(Principal office address MUST BE A STREET ADDRESS)

Titusville, FL 32796

Enter new mailing address, if applicable:

1713 Crossbill Dr.

(Mailing address MAY BE A POST OFFICE BOX)

Titusville, FL 32796

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Corporate Creations Network Inc.

New Registered Office Address:

801 US Highway 1

Enter Florida street address

North Palm Beach

Florida 33408

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.

/s/ Caitlin Lazarus Caitlin Lazarus, Special Secretary
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>	<u>Address</u>	<u>Type of Action</u>
MGR	W. MATTHEW MANDELL, II	1764 SW 24TH ST	<input type="checkbox"/> Add
		MIAMI, FL 33145	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ERIN VALDES	1713 Crosshill Dr.	<input checked="" type="checkbox"/> Add
		Titusville, FL 32796	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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