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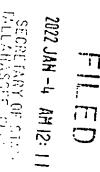
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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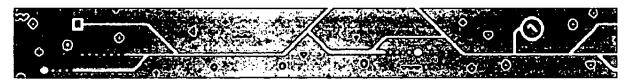
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zenbusiness

Dec 22, 2021

Florida Secretary of State Division of Corporations 2415 N Monroe St Suite 810 Tallahassee, FL 32303

RE: Knappa Research Limited Liability Company

To Whom It May Concern:

_____Attached please find the executed CERTIFICATE OF AMENDMENT. for the above referenced. Please review and file the attached document on a routine basis.

Once completed please forward the filed confirmation or notification to the address listed below:

ZenBusiness Inc Attention: Kelly Castro 5511 Parkerest Dr., Suite 103 Austin Tx 78731

If you have any questions, please feel free to contact me at 844-493-6249 or at fulfillment@zenbusiness.com.

Thank you.

Kelly Castro ZenBusiness Customer Success

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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

FILED 2022 JAN -4 AH 12: 11

Knappa Research Limited Liability Company

SECRETARY OF STATE

The Articles of Organization for this Limited Liability Company were filed on $\frac{09/03/2021}{1}$ _____ and assigned Florida document number 1.21000394453 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 "LLC" or the abbreviation "L.L.C." 411 Walnut St Enter new principal offices address, if applicable: 19114 (Principal office address MUST BE A STREET ADDRESS) Green Cove Springs, FL 32043 411 Walnut St Enter new mailing address, if applicable: 19114 (Mailing address MAY BE A POST OFFICE BOX) Green Cove Springs, FL 32043 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:

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

New Registered Office Address:

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

Enter Florida street address

____. Florida ____

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
AMBR	Lisa Knapp	411 Walnut St	□Add
		19114	□Remove
		Green Cove Springs, FL 32043	Change
			□Add
			□Remove
			□Change
			□Add
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an effective date [ote: If the date	if other than t is listed, the date r e inserted in this ctive date on the	must be specific block does n	and cannot be p of meet the app	rior to date of ti dicable statut			iling.) Pursuant to	
record specifies is filed.	s a delayed effec	tive date, but	not an effectiv	e tîme, at 12))1 a.m. on the	earlier of: (b)	The 90th day	after the
Decembe	r 22		2021					
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Filing Fee: \$25.00