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## **COVER LETTER**

TO: Registration Se Division of Cor			
	ser Engraving LLC		
SUBJECT:	Name of Lim	ited Liability Company	2
			2023 JUL 26
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	·
Please return all correspo	indence concerning this matter	to the following:	
	Freddie J Zack		41 9: L9
		Name of Person	•
	Knights Law	Engraving LLC Firm/Company	
	7232 Griffin Road		
		Address	
	Brooksville Florida 34601		
		City/State and Zip Code	<del></del>
	freddiejzack@gmail.com  F-mail address: (	to be used for future annual report notifi	cation)
For further information c	oncerning this matter, please c	·	
Freddie J Zack		813 3916498 at ( )	
Name o	f Person		Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	■ \$30.00 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 !		Street Address: Registration Sec	tion
Division of C	orporations	Division of Corp	porations
P.O. Box 632 Tallahassee,		The Centre of Ta 2415 N. Monroe	illahassee Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 JUL 26 AH

KNIGHTS LASER ENGRAVING LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{03/14/2022}{1}$ and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: In Grave Company LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 Office Address: Enter Florida street address \_, Florida \_

## 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.

City

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>	Name	Address	Type of Action
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tive date, if other than th	e date of filing: ust be specific and cannot be prior to date of filing or	(optional)
in the date inserted in this	block does not meet the applicable statutory fill	more than 90 days after filing.) Pursuant to 605.0 ing requirements, this date will not be listed
ment's effective date on the	Department of State's records.	
ord execifies a delayed effect	ive date, but not an effective time, at 12:01 a.m	on the varior of th). The 90th day after t
filed.	ve date, but not an effective time, at 12.01 a.m.	i. on the carrier of, (b) The 30th day after t
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d July 17th	. 2023	
Friedlig	2	
	signature of a member or authorized representative	

Filing Fee: \$25.00