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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Brittany Knight Realtor LLC.  Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Brittany Knight Name of Person
Firm/Company
127032 Wedgefield Dr Address
Crand Island FL 32735  City/State and Zip Code  Brittany Knight RE @ yahoo.com  E-mail address: (to bused for future annual report notification)
For further information concerning this matter, please call:
PSY1+CAY KNIGh+ at (352) 455-7711  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Solution Sol

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

Brittany Knight Realt	tar II.a	7022 JUL 15
(Name of the Limited Liability Company as (A Florida Limited Liability Company as	it now appears on our records.)	)UL 1
(Name of the Limited Liability Company as (A Florida Limited Liability Company were Florida document number <u>L22000232797</u> .  This amendment is submitted to amend the following:	e filed on May 16, 2092 and ass	55 ± 5
A. If amending name, enter the new name of the limited liability	company here:	
Brittany Knight LUC The new name must be distinguishable and contain the words "Limited Liability Co		
The new name must be distinguishable and contain the words "Limited Liability Co	ompany," 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 agent and/or the new registered office address here:	ess on our records, <u>enter the name of the ne</u>	<u>w registered</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
<del></del>		<del></del>
New Registered Agent's Signature, if changing Registered Agent:	cip zip code	
I hereby accept the appointment as registered agent and agree to	act in this capacity. I further agree to comp	ply 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.

B

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
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Filing Fee: \$25.00