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COVER LETTER

Registration Section

TO:

Div	ision of Cor	rporations		
enn nezer		ire Protection, LLC	•	
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		C. Megan Gallagher		
			Name of Person	
		Knoblock Fire Protection,	LLC	
		-	Firm/Company	
		4150 Dow Road Suite 104		
			Address	
		Melbourne, Fl 32934		
			City/State and Zip Code	<u> </u>
		kidzrgrat@gmail.com	to be used for future annual report no	
For further in	iformation c	oncerning this matter, please co		ornication)
C. Megan G	allagher		321 745-0816	
	Name o	f Person	321 745-0816 at ()	ime Felephone Number
Enclosed is a	i check for th	he following amount:		
□ \$25.00 F	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)
Re	iling Addres	Section	Street Address: Registration S	Section
	vision of C D. Box 632	Corporations	Division of Co The Centre of	· ·
	lahassee,			roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Knoblock Fire Protection, 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 July 6, 2022 and assigned Florida document number $\frac{1.22000301897}{1.22000301897}$ 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 "LLC." 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: C. Megan Gallagher Name of New Registered Agent: New Registered Office Address: Enter Florida street address 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 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
MGR	Cathleen Megn Gallagher	249 Harwood Avenue	= Add
		Satellite Beach, Fl 32937	□n
			□Change
			□Add
			□Remove
		-	□Change
		·	
			□ Remove
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