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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

KNIGHT TOWING SVC, LLC	
Please Debit FCA000000003 For: 25	
Thank you Seth Neeley	
Stoff	Art of Inc. File
	LTD Partnership File ?
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File To o
	Art, of Amend, File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
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	Photo Copy
	Certificate of Good Standing
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	Corp Record Search
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Signature	Fictitious Owner Search
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Requested by:	UCC 1 or 3 File
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Walk-In Will Pick Up	Courier

COVER LETTER

TO: Registration Se Division of Con				
KNIGHT I	OWING SVC. LLC			
SOBJECT:	OWING SVC. LLC Name of Lin	nited Liability Company	47-74-5-100 (E.J.)	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	SUMMER WALTERS			
		Name of Person	· · · · · · · · · · · · · · · · · · ·	
	GOLDMAN, MONAGHA	AN, THAKAR & BETTIN, PA		
		Firm/Company		
96 WILLARD STREET, SUITE 302				
	 	Address		
	COCOA, F1, 32922			
		City/State and Zip Code	MA 9: 12	
	KEVIN@GMTBLAW.CO		<u> </u>	
For further information e	E-mail address: (oncerning this matter, please c	to be used for future annual report not all:	ilication)	
SUMMER WALTERS		321 639-1320		
Name u	f Person	at ()at Code Daytin	ne Telephone Number	
Enclosed is a check for the	he following amount:			
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address: Registration Section		Street Address: Registration Se	ction	
Division of Corporations		Division of Corporations		
P.O. Box 632		The Centre of T	Fallahassee be Street, Suite 810	
Tallahassee, FL 32314		2712 IT, ITIOIIIO	e bucce, build the	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on 1/4/2023 and assigned Florida document number 1/23000009943 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 malling 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 Agent: Name of New Registered Agent: New Registered Office Address: Enter Florida Street address Florida Zip Code New Registered Agent's Signature, if changing Registered Agent:	(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears d Liability Company)	on our records,)		
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 malling 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 registagent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida City: Zip Code	The Articles of Organization for this Limited Liability Compar	by were filed on $\frac{1/4/2}{1}$	2023	_ and assigned	d
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 malling 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 City Zip Code	Florida document number 1.23000009943				
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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 City Zip Code	Enter new principal offices address, if applicable:				
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New Registered Office Address: Enter Florida street address Florida City Zip Code	B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our rec	ords, enter the name o	f the new reg	ister
New Registered Office Address: Enter Florida street address , Florida City Zip Code					
Enter Florida street address , Florida City Zip Code	Name of New Registered Agent:				
Enter Florida street address , Florida City Zip Code	New Registered Office Address:				
·		Enter Florid	Enter Florida street address		
New Registered Agent's Signature, if changing Registered Agent:		Сиу	, Florida	Zip Code	
	New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>			

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

Title	Name	Address	Type of Action
MGR	MARK FITZPATRICK	980 CHURCH STREET	
		ROCKLEDGE, FL 32955	≅Remove
			[]Change
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D. If amending any other information, enter change(s) here: tAttach additional s	heets, if necessary.)
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E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more that Note: If the date inserted in this block does not meet the applicable statutory filing requidocument's effective date on the Department of State's records	(optional) n 90 days after filing (Pursuant to 605 0207 (3)(b) trements, this date will not be listed as the
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the record is filed	earlier of: (b) The 90th day after the
Direct May 2 2024	
Mich Her_ T matting. Signature of a member or authorized representative of a m	enibei –
michael 5 matths 8 Typed or printed name of signee	-