Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Tu:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ZENBUSINESS INC. Account Number : I20230000190 Phone : (844)449-3624 Fax Number : (512)597-2678

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BORDER OF FREEDOM LLC

Certificate of Status	0
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Page Count	04
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K. SALY

JUL - 9 2024

## **COVER LETTER**

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	Registration SC Division of Cor			
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1949 BJ LJC	· • ·	Name of Lin	aited Liability Company	
The encle	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please ref	turn all correspe	ondence concerning this matter	to the following:	
		Allison Menzon		
			Name of Person	
		ZenBusiness INC		
			Firm/Company	
		336 E. College Ave Suite	301	
			Address	
		Tallahassee, FL 32301		
		fulfillment@zenbusiness.co	City/State and Zip Code om	
		E-mail address; (	to be used for future annual report notification)	
For furthe	er information e	onceming this matter, please c	all:	
c/o ZenI	Business INC		844 493-6249	
	Name o	l Person	at () Area Code Daytime Felephone Number	
Enclosed	is a check for th	ne following amount:		
<b>■ \$25.0</b>	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Gadditional copy is enclosed:  Certified Copy Gadditional copy is enclosed:  Certified Copy Gadditional copy is enclosed:	
	MailingAddres		Street Address:	
i	Registration S Division of C	orporations	Registration Section Division of Corporations	
	P.O. Box 632 Tallahassee, l		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	
	rananasce. I	17 교교회 [기	Tallahassee El 32303	

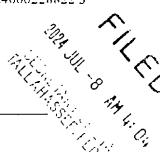
Border of Freedom LLC

(Mailing address MAY BE A POST OFFICE BOX)

To:

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H24000228822 3



(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 2023-05-08 and assigned

Florida document number 123000226321

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Knyx Studio LLC

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:

379 Shady Oak Circle Saint Augustine, FL 32095

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	inhtre sy
	7.00	, 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.

If Changing Registered Agent, Signature of New Registered Agent

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To:

2024-07-04 12:07:44 UTC+14

Page: 4 of 5 2024-07-04 12:07:44 UTC÷14 18506176383 From: ZenBusiness Use 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
$\mathbf{AMBR} =$	Authorized Member

<u>Title</u>	Name	Address	Type of Action
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/s/ Ashley Ha	'I			
	denature of a member or auth	orized representative of a men	ther	<del></del>