L23000351514

(Re	equestor's Name)	
(Ad	ldress)	
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(Čit	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer.	
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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

KNALLHART HOL	LDING XII, LLC	
Please Debit FCA000	0000003 For: 25	
Thank you Seth Nee	ley	
Stal		Art of Inc. File
		LTD Partnership File
		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		Art. of Amend. File
		RA Resignation
		Dissolution / Withdrawa)
		Annual Report / Reinstatement
		Cert. Copy
		Photo Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
1	·	Officer Search
A		Fictitious Search
Signature		Fictitious Owner Search
		Vehicle Search
		Driving Record
Requested by:		UCC 1 or 3 File
Name	Date Time	UCC 11 Search
		UCC 11 Retrieval
Walk-In Dominion SA & C	Will Pick Up	Courier

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

- Course Co

Knallhart Holding XII, LLC		
(Name of the Limited Liabilit (A Florida	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number L23000351514	Company were filed on <u>7/25/2023</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	nited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" or the abl	previation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	ed office address on our records, <u>enter the name</u>	e of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Florida	
-	City	Zip Code

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>	<u>Address</u>	Type of Action
MGR Knallhart Holding XVI, LLC	1753 Poinsettia Drive		
	Fort Lauderdale, FL 33305	= Remove	
			Change
MGR 186 Knallhart Management, LLC	912 NE 2nd Avenue	= Add	
	Fort Lauderdale, FL 33304	□Remove	
			Change
			□Add
			Remove
		□ Add	
		□Remove	
			□Change
		□Add	
			□Remove
			Change
		□Add	
			□Remove
			Change

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lf an effec <u>Note:</u> If	e date, if other than the date of filing:
record	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
	September 28, 2024
Dated _	
Dated _	Mrt Day
Dated _	Signature of a member or authorized representative of a member

Filing Fee: \$25.00