123000425694

(Requestor's Name)
(Address)
,
(Address)
(Address)
(City/State/Zip/Phone #)
<u>_</u>
PICK-UP WAIT MAIL
(Business Entity Name)
(Busiless Lifety Name)
(Document Number)
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COVER LETTER

	egistration Se ivision of Corp			
cub ir car	KNM Solut			
ROBJECT	:	Name of Lim	ited Liabitity Company	
The enclose	ed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please retu	rn all correspo	ndence concerning this matter	to the following:	
		Kendra Miley		
			Name of Person	
			Name of Person	
		3256 Twilight Dr		
			Address	
		Crestview, FL 32539		
		kendran79@yahoo.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	lication)
For further	information co	oncerning this matter, please ea	all:	
Kendra Mi	ley	_	at (
	Name of	Person	Area Code Daytim	e Telephone Number
Enclosed is	a check for th	e following amount:		
\$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
R D P	ailing Addres egistration S ivision of C O. Box 632 allahassee, F	Section orporations 7	Registration Sec Division of Cor The Centre of T	porations fallahassee c Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

KNM Solutions, LLC		
(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on our records Limited Liability Company)	(ي
The Articles of Organization for this Limited Liability C Florida document number L23000425694	ompany were filed on September 12, 202	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited <u>li</u> ability company here:	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	(ESS)	
		702.7
Enter new mailing address, if applicable:		va.
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>enter t</u>	స్ట the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flo	rida
	City	Zip Code
New Registered Agent's Signature, if changing Registered	d Agent:	
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and concept the obligations of my position as registered as being filed to merely reflect a change in the registere company has been notified in writing of this change.	omplete performance of my duties, an gent as provided for in Chapter 605, F	d I am familiar with and F.S. Or, if this document is

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
AMBR	Kendra Miley	7901 4TH ST N	■Add
		STE 300	□Remove
		ST. PETERSBURG, FL 33702	
			□Add
			□Remove
			□Change
			□Add
			∐Remove
			
			□Remove
			☐ Change
			□Add
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			Change
			□Add
			□Remove

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an effective da lote: If the da	e, if other than to the is listed, the date in the inserted in this fective date on the	nast be specific block does n	and cannot be of meet the a	ipplicable stat	f filing or more dutory filing red	han 90 days afte	ional) r filing.) Pursuant t is date will not b	to 605.0207 (e listed as t
record specifi I is filed.	ies a delayed effec	tive date, but	not an effect	tive time, at 1	2:01 a.m. on th	ne earlier of: (b) The 90th day	rafter the
October	25		2023					
<u>. </u>	\	M.I	·	· ·				
	MUXUM IX I		U9/1					
	IMMONG	Signature of	of a hember of	r authorized rep	presentative of a	member		