## 624 in 180281

| (Requestor's Name)                      |
|---|
|   |
| (Address)                               |
|   |
| (Address)                               |
|   |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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## **COVER LETTER**

| TO: Registration Section Division of Corporations   |   |
|---|---|
| SUBJECT: KNEW YOU PLLC  |   |
| Name of Limited Liability Company   |   |
|   |   |
| The enclosed Articles of Amendment and fee(s) are submitted for filing.   |   |
| Please return all correspondence concerning this matter to the following:   |   |
| MIQUEL A. NEGron Name of Person   |   |
| KNEW YOU PLLC   |   |
| 113 Clinger (ove Rd)  |   |
| City/State and Zip Code:  |   |
| Hair by Miguel bsns @ amail. com  E-mail address: (to be used for future annual report notification)  | : |
| For further information concerning this matter, please call:  | <u>.)</u>                               |
| MIGUEL A. NEGrón at (32) 295.6818  Area Code Daytime Telephone Number   |   |
| Enclosed is a check for the following amount:   |   |
| S25.00 Filing Fee  Certificate of Status  Certificate of Status  Certificate of Status  Certificate of Status  (additional copy is enclosed)  S60.00 Filing Fee, Certificate of Status  Certificate of Status  Certificate of Status  (additional copy is enclosed) |   |
| Mailing Address:  Registration Section  Division of Corporations  P.O. Box 6327  Street Address:  Registration Section  Division of Corporations  The Centre of Tallahassee   |   |
| Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810  |   |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| KNEW  | YOU PLLC  |   |
|---|---|---|
| ( <u>Name of the Limited Lia</u><br>(A Flo  | hility Company as it now appears or<br>orida Limited Liability Company) | our records.)                             |
| The Articles of Organization for this Limited Liability<br>Florida document number <u>しぬりのりもの a</u> g | , , <u></u>   | 4.16.34 and assigned                      |
| This amendment is submitted to amend the following  | <b>;</b> ;  |   |
| A. If amending name, enter the new name of the l  | limited liability company here:   |   |
| The new name must be distinguishable and contain the words  | Limited Liability Company," the desig                                   | nation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:   |   |   |
| (Principal office address MUST BE A STREET AD   | DRESS)  |   |
|   |   |   |
|   |   | 3   |
| Enter new mailing address, if applicable:   |   |   |
| (Mailing address MAY BE A POST OFFICE BOX)  |   | <u>.</u>                                  |
|   |   |   |
|   | <u> </u>  |   |
| B. If amending the registered agent and/or registe agent and/or the new registered office address her |   | rds, enter the name 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:

١

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          | Miquel A. Negron | 113 Clinger Cove Road DAdd  Remove    |
|              | ,                | 8,00€ FL 34761   □Remove              |
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|              |                  | □ Add                                 |
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|   |                         | · <u>·</u>                 | ::<br>25:                              |
|   |                         |                            |  |
| ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be p e: If the date inserted in this block does not meet the apparent's effective date on the Department of State's recon | plicable statutory fill |                            |  |
| ord specifies a delayed effective date, but not an effectiv filed.  | e time, at 12:01 a.m    | on the earlier of: (b) The | : 90th day after th                    |
| d May 3 202   | <del>34</del> .         |                            |  |
| Signature of a member of a  | uthorized representativ | e of a member              | <del> </del>                           |
| S. C. Lander of a monitor of a  | 1                       |                            |  |