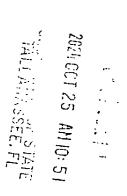


(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer
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COVER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

TO: Registration Division of C	a Section Corporations				
	FAMILY, LLC				
SUBJECT:	Name of Lin	Name of Limited Liability Company			
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.			
Please return all corre	spondence concerning this matter	r to the following:			
	BARB MCBRIDE				
		Name of Person			
	SOUTH BEACH TAX &	FINANCIAL SERVICES			
		Firm/Company			
	1692 PENMAN ROAD				
		Address			
	JACKSONVILLE, FL 32	250			
		City/State and Zip Code			
	Rachelpredie E-mail address:	er Q Yahoo. com (to be used for future annual report notification)			
For further informatio	n concerning this matter, please c	call:			
BARB MCBRIDE		904 241-2533			
Nam	te of Person	at () Area Code Daytime Telephone Number			
Enclosed is a check fo	or the following amount:				
■ \$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ Certified Copy (additional copy is enclosed)			
Mailing Address: Registration Section		Street Address: Registration Section			
Division of Corporations		Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee			
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KNAPP FAMILY, LLC			A Comment of
(Name of the Lim	ited Liability Comp (A Florida Limited	any as it now appears on Liability Company)	ONE POSOPULE 25 All In- 51
The Articles of Organization for this Limited Florida document number L24000277197	Liability Company	y were filed on <u>06/18/2</u>	2024 Standassigned STANDASSEE, FL
This amendment is submitted to amend the fol	llowing:		
A. If amending name, enter the new name	of the limited list	oility company here:	
N/A			
The new name must be distinguishable and contain the	words "Limited Liabi	ility Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A	
Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE	<u>EBOX)</u>		
3. If amending the registered agent and/or gent and/or the new registered office addresses	registered office . ess here:	address on our recor	ds, enter the name of the new regist
Name of New Registered Agent:	N/A	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:			
non hogistaled Office radices.		Enter Florida st	reet address
			Tri ' i
		City	, 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 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
AMBR	RACHEL KNAPP	2619 MONTREAL ST.	□ Add
		JACKSONVILLE, FL 32233	□Remove
			■Change
AMBR DOUGLAS KNAPP	DOUGLAS KNAPP	2619 MONTREAL ST.	
		JACKSONVILLE, FL 32233	Remove
			□ Clrange
			□ Change
			□Add
		**************************************	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change

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Effective date, if other than the (If an effective date is listed, the date imiss Note: If the date inserted in this blo document's effective date on the De	t be specific and cannot be prior ock does not meet the application.	to date of filing or more than 90 days af	tional) ler filing.) Pursuant to 605.0207 (3) his date will not be listed as the
he record specifies a delayed effective ord is filed.	e date, but not an effective ti	me, at 12:01 a.m. on the earlier of:	(b) The 90th day after the
Dated OCTOBER 15	2024		
Rochal K	Signature of a member or author	rized representative of a member	
	wignering or memoral or angle	abled representative of a member	
RACHEL KNAPP			