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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LATIN AMERICAN TAXPRO

Account Number : I20220000106 Phone : (407)318-0823 Fax Number : (561)457-5851

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

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN THE KNIGHTS JV LLC

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Tallahassee, FL 32314

COVER LETTER

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TO: Registration Solivision of Co.			
C. P. C. D. D. A. C. C. C. C. C.	SHTS IV LLC		
SUBJECT:	Name of Lim	ited Liability Company	_
	Amendment and fee(s) are sub		
	JASIEL VILLAZON		
		Name of Person	
	THE KNIGHTS JV LLC		
		Firm/Company	
	841 PARK VILLA CIR		
		Address	
	ORLANDO, FLORIDA, 3	32824	
•		City/State and Zip Code	
	JVC.LLC95@GMAIL.CON	M to be used for future annual report notification)	·
For further information of	concerning this matter, please ca		
JASIEL VILLAZON		321 2400350	
Name o	of Person	at ()	mber
Enclosed is a check for the	he following amount:		
□ \$25,00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	Certified Copy Cert (additional copy is enclosed) Cert	00 Filing Fee, ificate of Status & ified Copy tional copy is enclosed)
Mailing Address Paristration 5		Street Address: Registration Section	
Registration 9 Division of C		Division of Corporations	
P.O. Box 632		The Centre of Tallahassee	

H240003186913

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

H240003186913

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



		177 S. F. F.
THE KNIGHTS JV LLC		. 12
(Name of the Limit	ed Liability Company as it now appears on our r (A Florida Limited Liability Company)	records.)
pde something	(A Frontia Chance Elaborary Company)	
he Articles of Organization for this Limited Li	ability Company were filed on 07/10/2024	and assigned
Torida document number L24000310186	-	
TOTKA GOCILITEN NAMOCI	·	
his amendment is submitted to amend the follo	owing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	
Principal office address MUST BE A STREE	T ADDRESS)	
		- .
art. Caran nam mailing address if applicables		
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE	<u> </u>	·
3 16 dr		
C. It amending the registered agent and/or r	egistered office address on our records, <u>e</u> s baro:	enter the name of the new regist
	s nere.	
gent and/or the new registered office addres	JOSE CARLOS, VILLAZON	
	JOSE CARLOS, VILLAZON	
gent and/or the new registered office addres	JOSE CARLOS, VILLAZON 841 PARK VILLA CIR	
gent and/or the new registered office address Name of New Registered Agent:	JOSE CARLOS, VILLAZON 841 PARK VILLA CIR Enter Florida street to	
Name of New Registered Agent:	JOSE CARLOS, VILLAZON 841 PARK VILLA CIR Enter Florida street to	address, Florida

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.

OVillazon
If hanging Registered Agent, Signature of New Registered Agent

09/18/2024 02:22 PM T0:18506176381 FROM:5614675851

Page: 4

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	JOSE CARLOS VILLAZON	841 PARK VILLA CIR ORLANDO, FL 32824	Add
			□Remove
			□Change
MGR JASIEL VILLAZON	JASIEI. VILLAZON	841 PARK VILLA CIR ORLANDO, FL 32824	□Add
			Remove
			□Change
			Add T
·			☐Remove
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			Remove
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v 1,4	<u></u>		□ Change
			🗆 Add
			□Remove
			□Change

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		C. K.
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Tective date, if other than the date reflective date is listed, the date must bote: If the date inserted in this blocument's effective date on the Dep	e specific and cannot be prior to date of filing or k does not meet the applicable statutory fil	(optional) r more than 90 days after filing.) Pursuant to 605.020 ling requirements, this date will not be listed a
ecord specifies a delayed effective of is filed.	late, but not an effective time, at 12:01 a.n	n. on the earlier of: (b) The 90th day after the
COMPENSATION 19	2024	
SEPTEMBER 18	·	
0011:00	gnature of a member or authorized representati	ive of a member