

L000000/4023

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H14000223434 3)))



H14000223434ABCK

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: *980469.0029*
Division of Corporations
Fax Number : (850) 617-6383

From:
Account Name : TRIPP SCOTT, P.A.
Account Number : 075350000065
Phone : (954) 525-7500
Fax Number : (954) 761-8475

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

Email Address: _____

2014 SEP 23 PM 09:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PARK'N GO OF NEBRASKA, LLC**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 03 |
| Estimated Charge | \$55.00 |

RECEIVED

14 SEP 23 AM 11:09

DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

SEP 24 2014

T CLINE

Electronic Filing Menu Corporate Filing Menu Help

H14000223434

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

PARK'N GO OF NEBRASKA, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on November 14, 2000 and assigned Florida document number L00000014023

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited 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 ADDRESS)

1040 CRESCENT BEACH ROAD
VERO BEACH, FL 32963

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

FILED
2014 SEP 23 AM 09:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address:

1040 CRESCENT BEACH ROAD
Enter Florida street address
VERO BEACH, Florida 32963
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

H14000223434

H14000223434

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|---------------------------|---------------------------|--|
| MGR | JOHN R. BONA | 1101 ELLER DRIVE | <input type="checkbox"/> Add |
| | | FORT LAUDERDALE, FL 33316 | <input checked="" type="checkbox"/> Remove |
| MGR | CAROL L. BONA | 1101 ELLER DRIVE | <input type="checkbox"/> Add |
| | | FORT LAUDERDALE, FL 33316 | <input checked="" type="checkbox"/> Remove |
| MGR | PNG SPE AT NEBRASKA, INC. | 1040 CRESCENT BEACH ROAD | <input type="checkbox"/> Add |
| | | VERO BEACH, FL 32963 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |

2014 SEP 23 AM 8:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

H14000223434

H14000223434

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

ARTICLE IV shall be deleted in its entirety and replaced with the following:

ARTICLE IV

MANAGEMENT

The limited liability company is to be managed by its manager(s), and is therefore a manager managed company.

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated Sept 23, 2014

John R. Bona
Signature of a member or authorized representative of a member

JOHN R. BONA

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 SEP 23 PM 04:18

FILED

H14000223434