Florida Department of State

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Division of Corporations

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From:

Account Name : DRIVER, MCAFEE, GRIGGS & PEEK, P.L.

Account Number : I20020000137 Phone : (904)301-1269 Fax Number : (904)301-1279

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

PARC OPERATIONS, II, LLC

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LEAFASSEE FLORIDA

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EXAMINES

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COVER LETTER

TO: Registration S Division of Co			•
SUBJECT: PARC (Operations, II, LLC		
SUBJECT:		ited Liability Company)	
•		•	
The enclosed Articles of	Amendment and fec(s) are sub	praitted for filling.	
Please return all correspond	ondence concorning this matter	to the following:	
		•	
	Gwen Hutcheson Griggs		
•		(Name of Person)	•
	PARC Management, LLC	<u> </u>	
		(Firm/Company)	-da
	7892 Baymeadows Way		TAR ME
		(Address)	三
•	Jacksonville, FL 32256	•	33.72 3G
	'	(City/State and Zip Code)	JUN 30 AM 8: AMASSEE FLOR
For further information of	concerning this matter, please o	រុក្សា:	ORIDE
Gwen Hutcheson Grige		at (904 <u>) 732-7272 x289</u>	,
	of Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check for t	he following amount:		
2 \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regist	ING ADDRESS; ration Section on of Corporations	STREET/COURIER Registration Section Division of Corporation	
	óx 6327	Clifton Building	•••

Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PARC Operations, II, LLC (Name of the Limited Lightlity Com	manu at if now annears on ou	r records.)
(Name of the Limited Liability Con (A Florida Limite	ed Liability Company)	CARRAGO
The Articles of Organization for this Limited Liability Compa	any were filed on June 17, 20	08 and assigned
Florida document number <u>L08000059534</u> .		
This amendment is submitted to amend the following:		•
A. If amending name, enter the new name of the limited l	iability company here:	
PARC Operations II, LLC		TS D
The new name must be distinguishable and end with the words "L" L.L.C."	buited Liability Company," the	designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS		mo =
Enter new mailing address, if applicable:	•	72.
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address b		ords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	(Enter Flo	rida street address)
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Age	nt:	

(If Changing Registered Agent, Signature of New 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 608, F.S. Or, if this document is being filed to merely reflect a change in the registered affice address, I hereby confirm that the limited liability

company has been notified in writing of this change.

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

<u>Title</u>	Name	Address .	Type of Action
			Add Remove
	• •		Add Remove
.			Add
		<u> </u>	Add 2910 Remove UN
	· · · · · · · · · · · · · · · · · · ·		30 AND
			Add Remove
If amend	ing any other information, enter cha	inge(s) here: (Attach additional sheets, if neces	sary.)
	,		
		,	
nted June 3	0 , 2008	3	

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