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COVER LETTER

TO:		ation Sect n of Corpo			
cum m			g Management, LLC		
SUBJE	CI:		Name of Limi	ited Liability Company	
The enc	losed Arı	ticles of A	mendment and fee(s) are sub-	mitted for filing.	
Please re	eturn all	correspond	dence concerning this matter	to the following:	
			Kevin J. Brady	Name of Limited Liability Company and fee(s) are submitted for filing, berning this matter to the following: Brady Name of Person arking Management, LLC Firm/Company ird Ave, #181 Address Florida 33131 City/State and Zip Code ly@assetparkingfl.com E-mail address: (to be used for future annual report notification) is matter, please call: at (305	
			Asset Parking Managemen		
			1 SE Third Ave, #181	Firm/Company	
			Miami, Florida 33131	Address	
			kevinbrady@assetparkingfl.		
			E-mail address; (t	o be used for fitture annual repo	rt notification)
For furth	ner infori	nation con	cerning this matter, please ca	ıll:	
Kevin J	, Brady	. <u>.</u>		305 358-02 at ()	86
		Name of F	Person	Area Code D	aytime Telephone Number
Enclosed	d is a che	ck for the	following amount:		
□ \$25.	00 Filing	g Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy

MAILING ADDRESS:

"TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Asset Parking Management, LLC		
(<u>Name of the Limiter</u>	d Liability Company as it now appears on ou A Florida Limited Liability Company)	r records.)
The Articles of Organization for this Limited Lia Florida document number L1000071230		
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of t	the limited liability company here:	
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:	
(Principal office address MUST BE A STREET	"ADDRESS)	S S S S S S S S S S S S S S S S S S S
		4 XX
		& <u></u>
Enter new mailing address, if applicable:		A H
(Mailing address MAY BE A POST OFFICE B		9 3.
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B. If amending the registered agent and/or registered agent and/or the new registered offi		records, <u>enter the name of the nev</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	et address
		, Florida
	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

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> Janice Puig	Address 1002 Bahama Drive	Type of Action
AP	Janeer dig	Cutler Bay, Florida 33189	Add
			■ Remove
			Change
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ffective date, if other than the	late of filing:	(optional) of filing or more than 90 days after filing.) Pursuant to	. 605 020°
ote: If the date inserted in this blocument's effective date on the De	ck does not meet the applicable sta	tutory filing requirements, this date will not be	listed as
e record specifies a delayed The 90th day after the reco	effective date, but not an e rd is filed.	ffective time, at 12:01 a.m. on the ea	arlier o
	2018		
September 26	2018		

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Typed or printed name of signee

Filing Fee: \$25.00