L18000138480

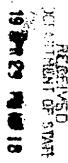
(Re	equestor's Name)	
		
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	
		

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2019 APR 29 PM 2: 56

C. GOLDEN APR 3 0 2019



Filing Cover Sheet

To: Florida Division of Corporations

From: TAYLOR SEAY C/O Capitol Services, Inc.

Date: 4/29/2019

Trans#: 1047933

Entity-Name: NORTH PLAZA PARKING, LLC CHANGING ITS NAME TO AGAVE

PLAZA PAR	KIN	IGデム	Leman
LANGE TO	F- 11		

Articles Incorporation ()

Articles of Dissolution ()

Conversion ()

Foreign Qualification ()

Limited Partnership ()

Reinstatement ()

Other ()

Articles of Amendment (X)

Annual Report ()

Fictitious Name ()

Limited Liability ()

Merger ()

Withdrawal / Cancellation ()

STATE FEES PREPAID WITH CHECK#1497 FOR \$25:00

PLEASE RETURN:

Certified Copy ()

Plain Photocopy (XX)

Good Standing ()

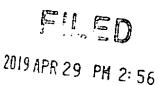
Certificate of Fact ()

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



North Plaza Parking, LLC			, ,	i di di
(<u>Name of the Limited</u> (A	Lability Compar A Florida Limited L	ny as It now appears on o debuity Company)	ur records.)	and a see. FL
The Articles of Organization for this Limited Liai	bility Company	were filed on 6/6/18		and assigned
Florida document number L18000138480	·			•
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of t	he limited liabi	lity company here:		
Agave Plaza Parking, LLC				
The new name must be distinguishable and contain the wor	rds "Limited Liabili	ty Company," the designa	tion "LLC" or the at	breviation "L.L.C,"
Enter new principal offices address, if applical	ble:			
(Principal office address MUST BE A STREET	ADDRESS)			
Entor non mailing address if and back.				
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO	<u>0X)</u>	·		
B. If amending the registered agent and/or	r registered off	fice address on our	records, enter	the name of the new
registered agent and/or the new registered office	ce address here	:		
Name of New Registered Agent:				
THE THE TAX TO SELECT THE SELECT				
New Registered Office Address:			 _	
		Enter Florida str	eet 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 = M $AMBR = A$	lanager uthorized Member		
Title	Name	Address	Type of Action
			D Add
			. □ Remove
			Change
			D Add
			□ Remove
			Change
			□ Remove
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fan effectiv Note: If th	date, if other than the date of filing:	.0207 (ed as ti
e record The 90t	l specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie th day after the record is filed.	er of:
	4/8/19, / Market	
Dated	1 Julie	
Pated	Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00