

Florida Department of State
 Division of Corporations
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L00000217793

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

From:
 Account Name : REGISTERED AGENTS INC.
 Account Number : 120090000081
 Phone : (307)200-2803
 Fax Number : (855)330-1010

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

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 PARKSIDE CAPITAL, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
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T. LEMIEUX

MAR 22 2023

2023 MAR 21 3:18 PM
 FILED
 STATE OF FLORIDA
 DIVISION OF CORPORATIONS

2023 MAR 21 PM 4:34
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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

PARKSIDE CAPITAL, 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 08/31/20 and assigned Florida document number L20000277793.

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 contain 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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: _____

Enter Florida street 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

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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>	<u>Address</u>	<u>Type of Action</u>
MGR	Cade, Benjamin	7901 4th St N STE 300	<input checked="" type="checkbox"/> Add
		St. Petersburg FL 33702	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Garcia, Kendra	7901 4th St N STE 300	<input checked="" type="checkbox"/> Add
		St. Petersburg FL 33702	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Mullen, Allison	7901 4th St N STE 300	<input checked="" type="checkbox"/> Add
		St. Petersburg, FL 33702	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Smith, Whitney	7901 4th St N STE 300	<input type="checkbox"/> Add
		St. Petersburg, FL 33702	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Hodgkin, Krista	7901 4th St N STE 300	<input type="checkbox"/> Add
		St. Petersburg, FL 33702	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

