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COVER LETTER

Registration Section Division of Corporations

TO:

Park Street SUBJECT:	Advisors, LLC		
Nobsect.	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	Andrea Nappi Conforme		
		Name of Person	
	Park Street Imports		
		Firm/Company	
	1000 Brickell Avenue, Sui	mitted for filing. to the following: Name of Person	
		Address	
	Miami, FL 33131		
		City/State and Zip Code	
	Compliance@parkstreet.com		
	E-mail address: (to be used for future annual report notifi	cation)
For further information of	concerning this matter, please c	all:	
Andrea Nappi Conforme	2		. 507
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
Mailing Addre Registration Division of O P.O. Box 632 Tallahassee,	Section Corporations 27	Registration Sec Division of Corp The Centre of Ta	porations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Park Street Advisors, LLC

2021 DEC -6 PM 5: 26

(Name of the Limited Liability Company as it now appears on Our records by OF STATE (A Florida Limited Liability Company) FALLAHASSEE, FLOGIC The Articles of Organization for this Limited Liability Company were filed on _______ and assigned _______ and assigned Florida document number <u>L0400</u>0061786 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Park Street Software Solutions, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A 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:

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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.

City

N/A

N/A

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

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> Fitle</u>	<u>Name</u>	Address	Type of Action
<u> </u>	N/A		□ Add
			□Remove
			□ Change
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ffective date, if other than the date an effective date is listed, the date must be ote: If the date inserted in this block ocument's effective date on the Department.	does not meet the ap	plicable statuto:	ng or more than 90 or ry filing requireme	_(optional) lays after filing.) Purs ents, this date will r	uant to 605.0207 () not be listed as th
record specifies a delayed effective datis filed.	ite, but not an effectiv	re time, at 12:0	l a.m. on the earli	er of: (b) The 90t	h day after the
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