#10400086683

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(0.1), 0.11.0.2,
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
·
Special Instructions to Filing Officer:

Office Use Only



400259110704



04/16/14--01022--015 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIBE

|- | L L L L L | 2014 APR 16 PM 3: 2

K.SALY EXAMINER APR 21 2014

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: PAI	RKSIDE ZENI	TH LLC ited Liability Company	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	MERRIL	LA BOOKS TEIN Name of Person	esa
	MERRILL A	BOOKS PEIN CONN	STIGN AT LAW PA
		Firm/Company	
	3303	NE 32 ST Address	
		Address	
	FUNT 1	City/State and Zip Code	33308
	MBOOKS DEA E-mail address: (UE BELLSOSTH. It to be used for fliture annual report notion	UE T fication)
For further information co	oncerning this matter, please c	all:	
MEARILLA	4 BODIET DEIN	01(561) 715	3219
Name o	f Person	at (<u>561)</u> 715 Area Code Daytim	Telephone Number
Enclosed is a check for the	ne following amount:		
\$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)
Registr	ING ADDRESS: ation Section	STREET/COURI Registration Section	n

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

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

EFFECTIVE DATE

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PARKIDE ZENITH, LLC

FILED
2014 APR 16 PM 3: 29

TALLAHASSEE, FLORES

(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears or ability Company)	n our records.)	AHASSEE. FLORIDA
The Articles of Organization for this Limited Liability Company v Florida document number	vere filed on /2	-02 <i>-20</i> 04	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company here:	:	
The new name must be distinguishable and end with the words "Limited Liabil	lity Company," the des	ignation "LLC" or the abb	reviation "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 off registered agent and/or the new registered office address here:		ur records, <u>enter th</u>	e name of the new
Name of New Registered Agent:		41444	· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	Enter Florida	street address	
		, Florida	
N. B. C. J. A. G. J. M. J. B. C. J.	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my rovided for in Cha	, duties, and I am fan apter 605, F.S. Or, if	niliar with and this document is

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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

MGR = Manager

AMBR = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
M <u>GRM</u>	SESMONA GORDON	DEERABLD BAACH, 3344	□ Add
MGRM	SUSAN BRASWELL	222 S. MILITARY TRAIL DEEL PIETO BEACH FL 33442	
MGR	PARHIOF GROUP LL A PLURICA LIMITED LIMILTY COMPANY		/Add □ Remove
			Add Remove
			Add Remove
			_ □ Add _□ Remove

	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
,	
Effe (The the	ective date, if other than the date of filing: APRIL 16 2014 (optional) effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after date this document is filed by the Florida Department of State)
Date	ed APRIL 14 / 2014
	Signature of a member or authorized representative of a member
	MGINIU A BOOKINGING Typed or printed name of signee
	MARCIL A MESCRIPTION

Page 3 of 3

Filing Fee: \$25.00