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COVER LETTER

TO: Registration S Division of Co			
	PARKING, LLC, a Florida lin	nited liability company	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Beverly B. Madison		
		Name of Person	
		Firm/Company	
	6545 Cay Circle		7000
		Address	
	Belle Isle, Florida 32809		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
		City/State and Zip Code	
For further information	E-mail address: (concerning this matter, please c	to be used for future annual report not	ification)
Beverly B. Madison	concerning this matter, prease c	at ()	
Name (of Person		ne Telephone Number
Enclosed is a check for t	he 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)
Mailing Addre	Section	Street Address: Registration Se	
Division of C P.O. Box 632	•	Division of Cou The Centre of T	
Tallahassee,			e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AIRPORT PARKING, LLC, a Florida limited liability company (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 $\frac{\text{December 8, 2004}}{\text{December 8, 2004}}$ and assigned Florida document number 14-1920314 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 "LLC." 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

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>	Address	Type of Action
MGRM	Rene Hofmann	6050 S. Semoran Blvd.	□Add
		Orlando, FL 32822	=Remove
			□Change
MGRM Beverly B. Madison	Beverly B. Madison	6545 Cay Circle	
		Belle Isle, FL 32809	□Remove
			Change
			☐Add
			☐Remove ☐Change
			Change
			□Add
			□Remove
			Change
			□Add
			Remove
		.	☐ Change
			□Add
			□Remove
			Change

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fective date, if other than the date of filing: In effective date is listed, the date must be specific and cannot be prior to date of filing or more than opter. If the date inserted in this block does not meet the applicable statutory filing require cument's effective date on the Department of State's records.	
ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the easis filed.	arlier of: (b) The 90th day after the
ted June 20 / 2023.	

Filing Fee: \$25.00

Typed or printed name of signce