

L05000034479

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(Address)

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07/14/23--01014--022 ++25.00

07/14/23

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PARAKEN PROPERTIES, L.L.C.

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LAURENCE I. BLAIR, ESQ.

Name of Person

GREENSPOON MARDER LLP

Firm/Company

2255 GLADES ROAD, SUITE 400E

Address

BOCA RATON, FL 33431

City/State and Zip Code

larry.blair@gmilaw.com

E-mail address. (to be used for future annual report notification)

Original

For further information concerning this matter, please call:

CRISTIN A. LIPKA

954 491-1120
at ()
Area Code Daytime Telephone Number

Name of Person

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**SECOND ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

PARAKEN PROPERTIES, L.L.C.

(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 April 8, 2005 and assigned
Florida document number L05000034479

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

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	PAUL A. SKILOWITZ	5151 SW BLUE SKY LANE	<input type="checkbox"/> Add
		PALM CITY, FL 34990	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	KAREN CROSBY	5151 SW BLUE SKY LANE	<input checked="" type="checkbox"/> Add
		PALM CITY, FL 34990	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	PAUL A. SKILOWITZ	5151 SW BLUE SKY LANE	<input type="checkbox"/> Add
		PALM CITY, FL 34990	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	KAREN CROSBY	5151 SW BLUE SKY LANE	<input checked="" type="checkbox"/> Add
		PALM CITY, FL 34990	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

100

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 6/14 2023


Signature of a member or authorized representative of a member

KAREN M. CROSBY

Typed or printed name of signee

Filing Fee: \$25.00