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### **COVER LETTER**

TO:	Registration Section  Division of Corporations			
SUBJECT: PARK LANE LLC  Name of Limited Liability Company				
The en	closed Articles of Amendment and fee(s) are submitted for filing.			
Please	return all correspondence concerning this matter to the following:			
	DR ADIL ELIAS  Name of Person			
	PARK LANE LLC Firm/Company			
	2450 Maillard Center PKW4#300			
Address  Maitland A 3275/  City/State and Zip Code  a elias a Lero yal usa. Com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:				
	E-mail address: (to be used for future annual report notification)			
For fur	ther information concerning this matter, please call:			
2	Name of Person at 457 325 5523  Area Code & Daytime Telephone Number			
Englos	ed is a check for the following amount:			
\$25	5.00 Filing Fee \$\ \text{Certificate of Status} \text{Status Fee & Status & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}			

#### MAILING ADDRESS:

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

#### STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

$e^{it}$ AR	TICLES OF ORGANIZ			
•	OF	10 OCT OF ALL OF		
P	ARK L	10 OCT 25 AMIT: 14		
(Name of the Lim	ited Liability Company as it now (A Florida Limited Liability Com	appears on our records.) pany) i		
		11/22/2005 and accioned		
The Articles of Organization for this Limite		on $\frac{11/22/2005}{2005}$ and assigned		
Florida document number <u>L050</u>	00112622			
This amendment is submitted to amend the	following:			
A. If amending name, enter the new nam	a of the limited liability compa	ny hana		
A. If amending name, enter the new han	ie of the united habitty compa	ny nere.		
The new name must be distinguishable and end	with the words "Limited Liability	Company," the designation "LLC" or the abbreviation		
"L.L.C."	_			
Enter new principal offices address, if ap	nlicable: 245	o Maitland Center PKW.		
• •	DEET ADDRESS U	110 1 32751		
(Principal office address MUST BE A STE	(EE I ADDRESS) 17C	ulland 30131		
	<del></del>			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amonding the projectived agent a	md/ou workstound office address	or our vectories enter the name of the very		
registered agent and/or the new registered		ss on our records, enter the name of the new		
		_		
Name of New Registered Agent:	DR A	DIL ELIAS		
	2450 Muitle	ind Center PKWY		
New Registered Office Address:	-100 1 (a) ( la	Enter Florida street address		
	Mastland	, Florida 3275/		
	City	, Florida 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM'= Managing Member **Address** Type of Action **Title** <u>Name</u> Remove Add Remove  $\square$ Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated \_\_\_\_ Signature of a member or authorized representative of a member Typed or printed name of signee

Filing Fee: \$25.00

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