## L06000054187

(Requestor's Name)
(Address)
(Address)
(Addiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
, , ,
<i>B</i>
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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OR JUN I I PH I2: I'S SECRETARY OF STATE

Office Use Only

## **COVER LETTER**

CO: Registration Section Division of Corporations
SUBJECT: PARKWEST, LLC (Name of Limited Liability Company)
he enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Ryan Adams (Name of Person)
PARKWEST LLC (Firm/Company)
P.O. Box 4315 (Address)
TALLAHASSEE, FL 32315
For further information concerning this matter, please call:
(Name of Person) at (850) 294-4130 (Area Code & Daytime Telephone Number)
Englosed is a check for the following amount:
Enclosed is a check for the following amount:  \$\sqrt{\$25.00}\$ \text{Filing Fee} \text{ \$\sqrt{\$55.00}\$ \text{Filing Fee} & \$\sqrt{\$60.00}\$ \text{Filing Fee}, \\ Certificate of Status & \text{Certified Copy} & Certificate of Status & \text{Certified Copy} & Certified Copy & Cer

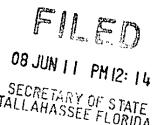
1 X 2

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 TO ARTICLES OF ORGANIZATION OF



PARKWE	ST, LLC		LUMP
(Name of the Limited L (A F	iability Company as it now app lorida Limited Liability Company	ears on our records.)	
The Articles of Organization for this Limited Liab		5/25/2006	and assigned
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	he limited liability company l	<u>here</u> :	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Con	npany," the designation "	LLC" or the abbreviation
B. If amending the registered agent and/or registered agent and/or the new registered office.		n our records, <u>enter</u>	the name of the new
Name of New Registered Agent:	RYAN ADAMS		
New Registered Office Address:	310 BLOUNT ST	REET SUITE (Enter Florida street ac	108 Idress)
	TALLAHASSEE (City)	, Florida	32301 (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. Thereby 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Mar MGRM = M	nager lanaging Member		
<u>Title</u>	Name	Address	Type of Action
MGRM	RYAN ADAMS		Add Remove
MGRM	MICHAEL MASTRY_		Add Remove
			Add Remove
D. If amend	ling any other information, enter change	(s) here: (Attach additional sheets, if necessary	SECRETAR SECRETAR SECRETAR
			PHI2: 14 EPFSTATE
 Dated	4/10/08 . 200	4 1/1	
	9 //	or authorized representative of a member  ADAMS or printed name of signee	

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Filing Fee: \$25.00