

LD6000081233

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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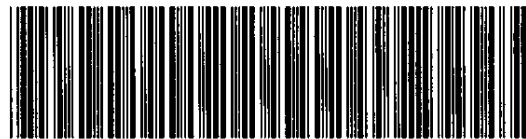
(Business Entity Name)

(Document Number)

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S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Realmark Parking Services Two, LLC

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:

Dennis J. Bessey

Name of Person

Bessey Law, P.A.

Firm/Company

P.O. Box 100013

Address

Cape Coral, FL 33910

City/State and Zip Code

dbessey@besseylaw.com

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

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14 JUL 28 PM 4:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Dennis J. Bessey

Name of Person

at (941) 266-6107

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 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**

Realmark Parking Services Two, LLC

(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 08/17/2006 and assigned
Florida document number L06000081233.

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 end with 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)

350 East Marion Avenue

Punta Gorda, FL 33950

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 100013

Cape Coral, FL 33910

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:

Dennis J. Bessey

New Registered Office Address:

350 East Marion Avenue

Enter Florida street address

Punta Gorda, Florida 33950

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.

[Signature]
If Changing Registered Agent, Signature of New Registered Agent

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 = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	William J. Stout	5789 Cape Harbour Drive	<input type="checkbox"/> Add
		Suite 201	<input checked="" type="checkbox"/> Remove
		Cape Coral, FL 33914	
VP	Craig A. Dearden	5789 Cape Harbour Drive	<input type="checkbox"/> Add
		Suite 201	<input checked="" type="checkbox"/> Remove
		Cape Coral, FL 33914	
MGR	Dennis J. Bessey	P.O. Box 100013	<input checked="" type="checkbox"/> Add
		Cape Coral, FL 33910	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated July 11, 2014


Signature of a member or authorized representative of a member

Dennis J. Bessey, Attorney At Law

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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14 JUL 28 2 46 PM
SECRETARY OF STATE
TALLAHASSEE, FLORIDA