Division of Corporations **Electronic Filing Cover Sheet** 

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAW OFFICES OF STEINBERG & ASSOCIATES, P.A.

Account Number : I19980000080

Phone : (305)538-2344 Fax Number

: (305)538-0419

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

: 1	Address:			
	AUUTSAS:			

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN M&M PARKING MANAGEMENT LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SECRETARY OF STATE	FILED
SA SA	S

M&M PARKING MANAGEMENT LLC (Name of the Limited Liability Company as it now appears on our records,)

V		oranies company)		>
The Articles of Organization for this Limited I Florida document number L0700011	* ^ *	were filed on	10/31/2007	and assigned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liab	ollity company her	<u>e</u> :	
The new name must be distinguishable and end we "L.L.C."	ith the words "Lim	ited Liability Compa	ny," the designation "]	LC" or the abbreviation
Enter new principal offices address, if applic	cable:	767 41st Stre	et	
(Principal office address MUST BE A STREE	T ADDRESS)	Miami Beach,	FL 33140	
Enter new mailing address, if applicable:		767 41st Stree	et	
(Mailing address MAY BE A POST OFFICE BOX)		Miami Beach, FL 33140		
B. If amending the registered agent and/ registered agent and/or the new registered of Name of New Registered Agent:		<u>e:</u>	ur records, <u>enter (</u>	he name of the new
Name of New Registered Agent:	<del></del>	<del></del>		
New Registered Office Address:	767 41st St	Enter Florida street address		
•	Mi	ami Beach	, Florida	33140
	· · · · · · · · · · · · · · · · · · ·	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 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

MGR = Manager

## H110002157643

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:

	<u>Name</u>	Address	Type of Action
<del></del>			Add Remove
<del></del>			□ n
			F D
		· · · · · · · · · · · · · · · · · · ·	<b>⊢</b>
			Remove
			<del></del>
lf amen	ding any other information	, enter change(s) here: (Attach additional sh	
If amen 	ding any other information	, enter change(s) here: (Attach additional sh	
[[ amen	ding any other information	, enter change(s) here: (Attach additional sh	SEGRETARY OF STALLAHASSEE, FL
	ding any other information		SEGRETARY OF SECRETARY OF
  	August 31		SEGRETARY OF STATE ALLIAHASSEE, FLORIDA

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