L07000110284

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COVER LETTER

Division of Co.			
	RKING MANAGEMENT LLC	,	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Mark Alhadeff		
		Name of Person	
	Alhadeff & Rousso Law,	P.A.	
		Firm/Company	
	11900 Biscayne Blvd, 289		
		Address	
	North Miami, FL 33181		
	-	City/State and Zip Code	
	marka@aandrlawyers.com F-mail address: 6	to be used for future annual report no	lification)
For further information of	concerning this matter, please c	•	
Mark Alhadeff	one on the control of		
		at ()	
Name o	f Person	Area Code Daytii	ne Telephone Number
Enclosed is a check for t	he 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)
<u>Mailing Addres</u> Registration		Street Address: Registration Se	ection
Division of Corporations		Division of Corporations	

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

M&M PARKING MANAGEMENT LEC		911 000 =0 Discort
(Name of the Limited Liab	ility Company as it now app	ears on our records.)
(A Flori	da Limited Liability Compan	y)
The Articles of Organization for this Limited Liability	Company were filed on	10/31/2007 and assigned
Florida document number L07000110284	·	
This amendment is submitted to amend the following:	·	
A. If amending name, enter the new name of the li	mited liability company	here:
The new name must be distinguishable and contain the words "Li	imited Liability Company," th	e designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	ORESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	•	
<u> </u>		1
	-	
	•	
B. If amending the registered agent and/or register		r records, <u>enter the name of the new regist</u>
agent and/or the new registered office address here	:	
Name of New Registered Agent:	••	
New Registered Office Address:		
	Enter I	Florida street address
		Ulasida
	City	, Florida Zip Code
	Oil,	Eq. Cite

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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
VP	JOHN DANIELS	1100 SE 14 STREET	□Add
		DEERFIELD, FL 33441	
			□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			□ Change
			[]Add
			□Remove
			☐ Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□ Change

). If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an e Note:	tive date, if other than the date of filing:
he reco	ord 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 filed.
Dated	October 7 2024
	Signature of a member or authorized representative of a member
	Mark Alhadeff
	Typed or printed name of signee

Filing Fee: \$25.00