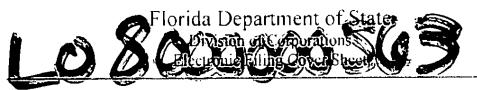
From: Meghan Smith

12/29/2020

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H200004430673)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone

: (323)962-8600

Fax Number

: (323)962-3889

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

Email Address:__

SECOND REQUEST - original submission 12/29/2020

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SIGN PARROT.COM LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00

C KINSEY

Electronic Filing Menu

Corporate Filing Menu

Help

en

TO:

From: Meghan Smith

COVER LETTER

το:	Registration S Division of Co				
0110 tr		RROT.COM LLC			
SUBJE	CI:	Name of Limited Liability Company			
		f Amendment and fee(s) are subr			
Please r	etum ali corresp	ondence concerning this matter t	to the following:		
		Cheyenne Moseley			
			Name of Person		
		Legalzoom.com, Inc.			
			Firm/Gompany		
		101 N Brand Blvd 11th Fl			
			Address	_	
		Glendale, CA 91203			
			City/State and Zip Code		
		johnw@signparrot.com			
		E-mail address: (to be used for future annual report notifi	cation)	
For furt	her information	concerning this matter, please ca	all;		
Cheyer	nne Moseley		800 773-0888 at (
	Name	of Person	Area Code Daytime	Telephone Number	
Enclose	ed is a check for	the following amount:			
☐ \$ 2:	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (acditional 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 Tallahassec, 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

(Name of the Limited Liability Company as it now ap (A Florida Limited Liability Compa	presers on our records.)
(A Florida Cliniku Clability Compa	#1 <i>y)</i>
The Articles of Organization for this Limited Liability Company were filed on	01/02/2008 and assigned
Florida document number L08000000563	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compan	y here:
The new name must be distinguishable and contain 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)	
	202 S
Enter new mailing address, if applicable:	
(Malling address MAY BE A POST OFFICE BOX)	20. = 11
	्रिं जि
	771 June 1919
B. If amending the registered agent and/or registered office address	s on our records, enter the name of the new
registered agent and/or the new registered office address here:	Fig. 55
Name of New Registered Agent:	
New Registered Office Address:	
New Registered Office Address. Enter	r Florida street address
	-
	, Florida

New Registered Agent's Signature, if changing Registered Agent:

Page: 4 cf 6

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 Changing Registered Agent, Signature of New Registered Agent

From: Meghan Smith

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Page: 5 of 6

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	SLADKIN, KENNETH	1603 COTTAGEWOOD DR	🗆 Add
		BRANDON, FL 33510	
			■ Remove
			Change
			□ Add
			☐ Remove
			Change
			□ Add
			☐ Remove
			Change
			D Add
			□ Remove
			Change
			☐ Add
		Remove	
			Change
			D Add
			☐ Remove
			□ Change

From: Meghan Smith

If amending a	any other information, enter change(s) here: (Attech additional sheets, if necessary).)
	
·	
	
Note: If the da	e, if other than the date of filing: (aptional) the is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3 are inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the fective date on the Department of State's records.
he record sp The 90th (pecifies a delayed effective date, but not an effective time, at $12\!:\!61$ a.m. on the earlier of: day after the record is filed.
Dated/	12-15-2020
	Diagrae Signature of a member or authorized representative of a member
Dia	anne L. Webber
_	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00