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SECRETARY OF STATE DIVISION OF CORPORATION

T. HAMPTON
NOV 1 0 2009
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: PARKER FINANCIPL SERVICES 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: Change to take place 1/1/2010
William G. Parker TTT Name of Person
Parker Financial Services LLC
1530 Lake Parker Dr Address
Odessa, FL 33556 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
William G. Polked III at (813) 926-7889 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount: \$25.00 Filing Fee & S30.00 Filing Fee & Certificate of Status Certificate of Status & Certified Copy (additional copy is enclosed) (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

(Name of the Limited I	WATUCIAL Liability Compan Florida Limited Li	Y as it now appears on ability Company)	. , .		
The Articles of Organization for this Limited Lia Florida document number \(\bigcup 08000723	bility Company v	were filed on	28 08	and assigned	
This amendment is submitted to amend the follow. A. If amending name, enter the new name of the submitted to amend the follow.	_	itv companv here:			
The new name must be distinguishable and end with "L.L.C."			the designation "LL	.C" or the abbrevia	 ation
Enter new principal offices address, if applical	ble:				<u> </u>
(Principal office address MUST BE A STREET	ADDRESS)				SE
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>0X)</u>			NOV -9 PM 1: 35	CRETARY OF STATE
B. If amending the registered agent and/or registered agent and/or the new registered offi			records, enter th	v, 	Æw Æw
Name of New Registered Agent:	W.II,	am G. PA	RKER TIT		
New Registered Office Address:	1530_	LAKE PARKE	ER DC. lorida street addre	ess	_
60-D	Oge	SSOL City	, Florida	33556 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

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:

MGR = Manager

MGRM = Managing Member **Title** Name **Address** Type of Action ☐ Add Remove ☐ Remove ☐ Add Remove **7** Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member Parker III Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00