L08000104285

Office Use Only



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04/26/10--01076--009 **25.00

N. O. APR 2 7 2010;

COVER LETTER

TO:	Registration S Division of Co							
SUBJ	P <i>CT</i>	ASH	NOTX LLC					
2001	DC.1:		ted Liability Company					
		Amendment and fee(s) are sui						
Please	return all corresp	ondence concerning this matter	to the following:					
		<u></u>	larry W Haskins ESQ					
			Name of Person					
			Firm/Company					
		Suite 2	201, 3400 S. Tamiami Trail					
			Address	 -				
		s	arasota Florida 34239					
	City/State and Zip Code OSEPhSPINA C. ComeAST. NET E-mail address. (to be used for future annual report notification)							
For fu	rther information	concerning this matter, please of		,				
	Ger	ald A Dechow	941 \	366 1388				
Name of Person			at (941) 366 1388 Area Code & Daytime Telephone Number					
Enclos	ed is a check for t	he following amount:						
∑ \$25	5.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				
MAILING ADDRESS: Registration Section Division of Corporations		ration Section	STREET/COURL Registration Section Division of Corpor	n .				

P.O. Box 6327 Tallahassee, FL 32314

s + 3,4

Clifton Building 2661 Executive Center Circle Tallahassec, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 10 APR 26 AM 8: 36

	U	T.	2.00	0. 3
	ASHNO	TVIIC	rall.	RETARY OF STAT AHASSEE, FLORIE
(Name of the Limit	ed Liability Compa	ny as it now app	ears on our records.)	THE OFFICE
The Articles of Organization for this Limited		were filed on _	November 7 2008	and assigned
Plorida document numberL0800010	04285			
his amendment is submitted to amend the fo	llowing:			
A. If amending name, enter the new name	of the limited liab	ility company h	iere:	
PARKI	NG MANAG	EMENT S	OLUTIONS LLC	
The new name must be distinguishable and end v L.L.C."	with the words "Limi	ited Liability Con	pany," the designation "LL	C" or the abbreviation
nter new principal offices address, if appl	N/A			
Principal office address MUST BE A STRE	ET ADDRESS)			
			······································	
nter new mailing address, if applicable:		N/A		
Mail <u>ing</u> address <u>MAY BE A POST OFF</u> [C]				
	•			
i. If amending the registered agent and egistered agent and egistered agent and/or the new registered			our records, enter th	name of the new
CENTER OF PROPERTY OF THE HOLD A SECURIOR OF	<u> </u>	Z '		•
Name of New Registered Agent:	N/A			
New Registered Office Address:	N/A			
		Enter Florida street address		
			, Florida	
		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

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	<u>Name</u>	Address	Type of Action
MGR	Anthony Spina	7350 S. Tamiani Trail # BA Sarasota, FL 32431-7004	Add _X Remove
MGRM	Robert Sellay	12003 5222 Ct E Parrich EL 34219	Add Remove
<u>mgrm</u>	Joseph Spina IV	1650 Blakemore Lane Sorasota, FL 34231	Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	
		() [] [] [] [] [] [] [] [] [] [FILED R 26 AM 8: 36 S
Dated	April 20 , 24	10). Wall AM	all
	_	Gerald A Dechow	
		d or printed name of signee	
		Page 7 of 7	

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Filing Fee: \$25.00