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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Email Address:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC

Account Number : 110432003053 Phone : (561)694-8107

Fax Number : (561)694-8107

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

<del>**********************************</del>	 ···	

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PARKINGLOTB.COM, LLC

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Help



PARKINGLOTB.COM, LLC		
(Name of the Lin	ifed Limilliv Commany as it now appe (A Florida Limited Limbility Company	ais.on.our regords;)
The Articles of Organization for this Limited	Liability Company were filed on _	5/18/2009 and assigned
Florida document number L09000048135	*	
This amendment is submitted to amend the fo	llowing:	
A. If amending name, enter the new name	of the limited liability company l	iere:
The new name must be distinguishable and contain the	words "Limited Liability Company," the	
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
,		::: <u> </u>
Enter new mailing address, if applicable:	<u></u>	
(Mailing address MAY BE A POST OFFICE	BOX	
	<u></u>	<u>,;                                    </u>
B. If amunding the registered agent and registered agent and/or the new registered a		n our records, enter the name of the new
Name of New Registered Agent:	Justin Dombek	· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	5944 Coral Ridge Dr., Suite 123	
	Enter Flo	rida street address
	Coral springs	, Florids 33076
	City	Zίρ 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 605, F.S. Or, if this document is being filled 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 Degistered Agent, Signature of New Registered Agent

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

<u>Title</u>	Name	Aildress	Type of Action
MGRM	BUSINESS CONCEPTS, LLC	5944 Coral Ridge Dr	D Add
		Suite 123	₩ Remove
		CORAL SPRINGS, FL 33076	☐ Change
MGR	MILLER, JEFF	5944 Coral Ridge Dr	□ Add
		Suite 123	■ Remove
		CORAL SPRINGS, FL 33076	☐ Cliange
MGRM	Justin Dombek	5944 Cornl Ridge Dr	≅ Add
		Suite 123	□ Remove
		CORAL SPRINGS, FL 33076	Cl-Change
=			Add 22
			☐ Remove5
			□ Change ⊃
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			URemove ○
			☐ Change
<del></del>			D.Add
			Remove
			Change

feedive date, if other than the date of filling:  (optional)  In effective date is listed, the date must be specific and causel by prior to date of filling or more than 90 days after filling.) Pursuant to 665.000 figs. If this date instead in this block does not meet the applicable statutory filling requirements, this date will not be listed as countent's effective date on the Department of State's records.  The 90th day after the record is filled.  Let I William the I 2016  Signature of a member or authorized representative of a member  Tustiu Doubek  Typed or printed name of signor	a substituting 8	ny other information, enter change(s) here: (Attach additional sheets	, y nedessary.)
Rective date, if other than the date of filing:  (optional)  (opti			
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