Division of Corporations **Electronic Filing Cover Sheet**

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TO:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: LAW OFFICES OF STEINBERG & ASSOCIATES,

Account Number : 119980000080

Phone

: (305)538-2344

Fax Number : (305)538-0419

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MAGNOLIA MIAMI PARKING GROUP, LLC

Certificate of Status Certified Copy 0 Page Count 01 Estimated Charge \$25.00

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Tallahassee, FL 32314

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Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

MAGNOLIA MIAMI PARKING GROUP, LLC

(Name of the Limite	d Liability Compa A Florida Limited I	ny as (t now appear Liability Company)	s on our records.)	
The Articles of Organization for this Limited I Florida document numberL000008		were filed on	0 <u>9</u> 08/2000	and assigned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name	of the limited link	oility company her	ē :	
The new name must be distinguishable and end w	ith the words "Lim	ited Liability Compa	ny," the designation "I	LC" or the abbreviation
Enter new principal offices address, if applicable:		767 Arthur Godfrey Road		
(Principal office address MUST BE A STREET ADDRESS)		Miami Beach, FL 33140		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		767 Arthur Go		
		WILLIAM DECOM	1 2 00 140	
B. If amending the registered agent and registered agent and/or the new registered of			our records, <u>enter f</u>	be name of the new
Name of New Registered Agent:	Mark Alhadeff			
New Registered Office Address:	767 Arthur Godfrey Road Enter Florida street address			
	16: D 00440			
	M	liami Beach City	, Florida	33140 Zip Code
New Boglotered Ament's Signature, if changing	Danishand Acces	•		Zip Code

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 duttes, 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, Lhereby confirm that inglimited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 2

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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 <u>Address</u> Type of Action ANG RAW MIRMOLLI MGRM 1210 Michinam AMenue Miami Beach, Fl. 33139 ☐ Add ∇ Remove □ Add Remove ☐ Add Remove Add Remove □Remove ∐Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2012 Dated Signature of a member or authorized representative of a member

Filing Fee: \$25.00

Typed or printed name of signee Page 2 of 2

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