

(Requestor's Name) (Address)	- - 7001624785
(Address)	
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	11/06/0901012010
(Business Entity Name)	
(Document Number)	_ ≥
Certified Copies Certificates of Status	LLAHASSEE
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A. LUNT	RATION TO A
NOV - 9 2009	
EXAMINER	

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COVER LETTER

TO: Registration bivision of C			
SUBJECT:	UBJECT: ParrishSite Services, LLC		
		ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sul	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
		Michael Parrish	
		Name of Person	
	Pa	rrishSite Services, LLC	
		Firm/Company	F 2
		P.O. Box 6590	
i .		Address	2009 NOV -6
		Lakeland, FL 33807	
	.	City/State and Zip Code	F STAN
	E-mail address: (like@ParrishSite.com to be used for future annual report notificat	ion) RA
For further information	concerning this matter, please of	eall:	
• :	Mike Parrish	at (863) 64	14-9226
Name	of Person	Area Code & Daytime T	elephone Number
Enclosed is a check for	the following amount:		
✓ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	LING ADDRESS:	STREET/COURIER Projection Section	R ADDRESS:
Registration Section Division of Corporations		Registration Section Division of Corporati	ons
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Cente	er Circle

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Parrish	Site Services, LLC			
(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appear Limited Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability Florida document number L09000102907	Company were filed on	10/26/09	and assigned	
Fiorida document number	•			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	nited liability company her	<u>'e</u> :		
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Compa	nny," the designation	"LLC" or the abbreviation	
Enter new principal offices address, if applicable:	<u></u>			
(Principal office address MUST BE A STREET ADD	RESS)		7 <u>7</u> 200	
			A 2 2	
			ASS	
Enter new mailing address, if applicable:			m < 6	
(Mailing address MAY BE A POST OFFICE BOX)			P	
			Ship in C	
			7	
B. If amending the registered agent and/or registered agent and/or the new registered office ad		our records, <u>enter</u>	the name of the new	
· .				
Name of New Registered Agent:				
New Registered Office Address:				
	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.

or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member **Address Type of Action Title** <u>Name</u> MGR Michael C Parrish ☐ Add

✓ Remove 942 Hamilton Place Lane Lakeland, FL 33813 ☐ Add Remove ☐ Add Remove ☐ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) October 31 2009 Dated Signature of a member of authorized representative of a member Pamela M. Parrish Typed or printed name of signee

, If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager

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Filing Fee: \$25.00