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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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TO: Registration S Division of Co			
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SUBJECT:	TARIC (OVSTRUCTION, C	
	(and of Elin	nod Diabinity Company	
The analysis deviates a	E Amondment and for(a) are sub-	mirrod for films	
	of Amendment and fee(s) are sub	-	
Please return all corresp	condence concerning this matter	to the following:	
		HADREW PARK	
	_	Name of Person	
	 	PARK CONSTRUC Firm/Company	TIOV
		ZOI NE Coach	man Rd, Ste 201
		Address	
	(City/State and Zip Code	3765
		•	
	aparka	Dark Droper Hygre to be used for future annual report notif	iction)
For first or information		•	1941011)
A	concerning this matter, please of	aii.	
AND	REW PARK	at (727) 216-	659/
Name	of Person	Area Code Daytime	: Telephone Number
Enclosed is a check for	the following amount:		
S25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	LING ADDRESS: stration Section	STREET/COURING Registration Section	
Divis	ion of Corporations	Division of Corpora	
•	Box 6327 hassee, FL 32314	Clifton Building 2661 Executive Cer Tallahassee, FL 32.	

ARTICLES OF AMENDMENT

TO	$f_{\sim f_{\perp}}$
ARTICLES OF O	RGANIZATION
Ol	2017 Allo
PARK G	RGANIZATION PM 2:45 V STRUCTION LAZICATION As it now appears on our records.) ability Company)
(Name of the Limited Liability Compan	y as it now appears on our records.) ability Company)
·	ability Company)
The Articles of Organization for this Limited Liability Company v	vere filed on $\frac{4/26/2010}{}$ and assigned
Florida document number <u>L100000 44391</u> .	,
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
PARK & ELEAZER CONST	TRUCTION, LLC
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2201 NE Coachman Rd, Ste 201
(Principal office address MUST BE A STREET ADDRESS)	Clearwater, FL 33765
Enter new mailing address, if applicable:	10 Box 4188
(Mailing address MAY BE A POST OFFICE BOX)	PO Box 4188 Clearwater, FL 33758
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	
Name of New Registered Agent:	SAME
New Registered Office Address:	Enter Florida street address

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 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida _

Zip Code

MGR = 1 AMBR = 1	Manager Authorized Member		FILED	
<u>Title</u>	<u>Name</u>	Address	2017 AUG - 7 PM 2: 45 PALLAHASSEE, FLORID:	Type of Action
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ective date, if other than the date of filing	g: (optional)
	cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605, neet the applicable statutory filing requirements, this date will not be liste
ument's effective date on the Department of St	
record specifies a delayed effective d	ate, but not an effective time, at 12:01 a.m. on the earlie
he 90th day after the record is filed.	ate, but not an effective time, at 12.01 a.m. on the earne
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8/2/2017.	
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4	ender 11 /
Signature of a n	nember or authorized representative of a member
	ANDERIN TARK

Page 3 of 3

Filing Fee: \$25.00