# 10000048465

(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
(Orty/State/Zip/Fillone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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2011 FEB 24 PH 12: 59
SECRETARY OF STATE
TALL AHASSEE FI ROOM

T. CLINE
FEB 2 5 2011
EXAMINER



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

February 17, 2011

DAVID RODRIGUEZ 257 PORTSTEWART DR. ORLANDO, FL 32828

SUBJECT: PARK N LOT, LLC Ref. Number: L10000048465

We have received your document for PARK N LOT, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline Regulatory Specialist II

Letter Number: 411A00004118

### **COVER LETTER**

Division of Corpo	orations				
SUBJECT:	PARK N LOT	ис			
THE SELECT ACTION WITH POST STORES OF THE DESCRIPTIONS OF I I I	Name of Limi	ted Liability Company	Dec applicate for a second on property ( ) as		
The enclosed Articles of A	mendment and fee(s) are sub	omitted for filing.			
Please return all correspond	dence concerning this matter	to the following:			
	Dauit	Name of Person	- A	2011 FEB 24 SECRETARY	Chearn Change or Language
	257 Ba	Firm/Company  ETSTEWART DR		PN Z: 59	A CONTRACTOR OF THE CONTRACTOR
		Address		) (O	
"ARRIVER WAS AND BOOKER'S WORK OF THE SEA ARRANGEMENT OF THE TAIL	- Color	City/State and Zip Code	828		
	E-mail address: (t	o be used for future annual report notifica	tion)		
For further information con	cerning this matter, please c	all:			
D. RODEIG		at ( <u>407)</u> 883 - 2 Arca Code & Daytime T	799	-	
		5520 4 24,1			
Enclosed is a check for the	following amount:				
\$25.00 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 St Certified Copy (additional copy	atus &	
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**MAILING ADDRESS:** 

TO:

Registration Section

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

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

#### ARTICLES OF AMENDMENT

## OT

Park	n cot uc	
( <u>Namé of the Limited</u> (A	Liability Company as it now appears on our records.)  Florida Limited Liability Company)	
The Articles of Organization for this Limited L Florida document number <u>L10000048</u>		and assigned
This amendment is submitted to amend the foll	-	20111 3EC
A. If amending name, enter the new name o	f the limited liability company here:	
The new name must be distinguishable and end wi 'L.L.C."	th the words "Limited Liability Company," the designation "	
Enter new principal offices address, if applic	able:	12: 5
(Principal office address MUST BE A STREE	T ADDRESS)	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)	
	V 10000 11000 200 110000	
B. If amending the registered agent and/registered agent and/or the new registered of	or registered office address on our records, enter	the name of the ne
		the name of the ne
registered agent and/or the new registered of		the name of the ne
Name of New Registered Agent:		E dress

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 **Type of Action Title** <u>Address</u> <u>Name</u> SALOMAN LANE Add Remove MGR Add Remove  $\square$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) ature of a member or authorized representative of a member

Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00