

L10000081790

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

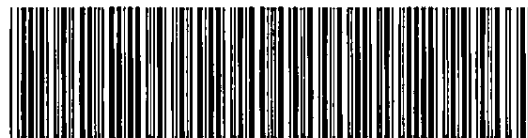
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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JUN 07 2018

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** 8556 PARK MGMT, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

THOMAS C. LITTLE, ESQUIRE

\_\_\_\_\_  
Name of Person

THOMAS C. LITTLE, P.A.

\_\_\_\_\_  
Firm/Company

2123 N.E. COACHMAN ROAD, SUITE A

\_\_\_\_\_  
Address

CLEARWATER, FL 33765

\_\_\_\_\_  
City/State and Zip Code

JANET@THOMASCLITTLE.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

THOMAS C. LITTLE, ESQUIRE

727 443-5773  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**MAILING ADDRESS:**  
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  
TO  
ARTICLES OF ORGANIZATION  
OF**

S556 PARK MGMT, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 8/4/2010 and assigned  
Florida document number L10000081790.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2851 U.S. HWY 19

HOLIDAY, FL 34691

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1621 CENTRAL AVENUE

CHEYENNE, WY 82001

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**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

THOMAS C. LITTLE, P.A.

New Registered Office Address:

2123 N.E. COACHMAN ROAD, SUITE A

*Enter Florida street address*

CLEARWATER

*City*

Florida 33765

*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 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.*

  
If Changing Registered 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGMR	CARL GIANNAZZO	2524 COUNTRYSIDE PINES DRI	<input type="checkbox"/> Add
		CLEARWATER, FL 33761	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	EXXXQUISITE GENTLEMEN'S C	1621 CENTRAL AVENUE	<input checked="" type="checkbox"/> Add
	CLUB, LLC	CHEYENNE, WY 82001	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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18 JUN -6 AM 8:48

FIELD  
SECRETARY OF STATE  
DIVISION OF CORPORATION

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated JUNE 1, 2018

Page 1, 2018  
 Thomas C. Hill Attorney  
 Signature of a member or authorized representative of a member

THOMAS C. LITTLE, ESQUIRE

Typed or printed name of signee