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14 JUN 18 PH 4: 5: SECRETARY STATE

JUN 2 4 2014 S. YOUNG

COVER LETTER

SUBJECT:	and Whistler 002 LLC Name of Limited Liability Company	
		السيد المراجية
The enclosed Articles of	Amendment and fee(s) are submitted for filing.	とおります。
	ndence concerning this matter to the following:	
	Mindy Lee	
	Name of Person	- 冠
	Parkland Whistler 002 LLC	
	Firm/Company	_
	6825 W Sunrise Blvd	
	Address	_
	Plantation FL 33313	
	City/State and Zip Code	
	mindy@abdiversified.com E-mail address: (to be used for future annual report notification)	-
For further information c	oncerning this matter, please call:	
Mindy Lee	_{at} 954 791-6050	
Name o	f Person Area Code Daytime Telephone Numb	er

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

Certificate of Status

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

STREET/COURIER ADDRESS:

Certificate of Status &

Certified Copy (additional copy is enclosed)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Parkland Whistler 002 LLC		
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co. Florida document number <u>L10000111188</u>	ompany were filed on 10/25/2010	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and end with the words "Lim	nited Liability Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:	12-	a ‡
(Principal office address MUST BE A STREET ADDR.	ESS)	
	<u>-</u>	
Enter new mailing address, if applicable:	<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)		
	3-	图 号
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		he name of the ne
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 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

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	date, if other than the date of filing: (optional) the date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after its document is filed by the Florida Department of State)
e date th	
ne date th	is document is filed by the Florida Department of State)

Page 3 of 3

Filing Fee: \$25.00

14 JUN 18 CH 4:52 SECRETARY CONTAINE TALLAHARSHE, FLORDA