## L\_20000/22580

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ALLAHASSEE, FLORIDA

FILED

## **COVER LETTER**

	Registrat Division					
SIIR IE7			STATE PARKING, LLC			
SUBJEC	-I. <u></u>	Name of Limited Liability Company				
			mendment and fee(s) are sub-	-		
				Name of Person		
			THE ALHADEFF LAW G	RUP, P.L		
				Firm/Company	<del></del>	
		11900 BISCAYNE BLVD #289				
				Address		
			MIAMI, FL 33181			
For furth NATASI				City/State and Zip Code		
			NATASHA@ALHADEFFI			
			l:-mail address: ()	to be used for future annual report no	afication)	
For furth	er inform	ation con	cerning this matter, please ca	all:		
NATAS	HA BARI	RIENTO	S@GMAIL.CM	786 618-9703		
	1	Name of P	'erson	Area Code Daytii	ne Telephone Number	
Enclosed	l is a chec	k for the	following amount:			
<b>= \$</b> 25.0	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)	

TO:

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

SUNSHINE STATE PARKING, LLC		
( <u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our record ited Liability Company)	<u>s.</u> )
The Articles of Organization for this Limited Liability Comp	pany were filed on 11/29/2010	and assigned
Florida document number L10000122580		
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 I	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	<u> </u>	
		ATT BE T
		93355 6 A3 8 D
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		52 DA
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		s, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres.	s
		orida
	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 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>	Address	Type of Action
MGR	MAURICIO BEDOYA	25 SE 2 AVE, SUITE #250	<b>≅</b> Add
		MIAMI, FL 33131	<b></b>
			□ Change
			□ Remove
			Change
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<del></del> -			Change
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(If an effe	ye date, if other than the date of filing:  ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing the date inserted in this block does not meet the applicable statutory filing requirements, this date	ing.) Pursuant to 6	05,0207 (3
	int's effective date on the Department of State's records.	ne wiii fiot be ii	sted as ti
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.n 90th day after the record is filed.	n. on the ear	lier of:
	AUGUST 15 2017		
Dated	2017		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00