

L11000030945

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

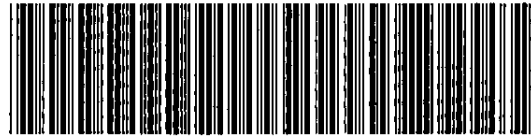
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 MAY 23 PM 1:44

T. HAMPTON

MAY 24 2011

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Parksman Group, 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:

Benton C. Launerts
Name of Person

Parksman Group, LLC
Firm/Company

18851 N.E. 29th Avenue, Suite 1011
Address

Aventura, Florida 33180
City/State and Zip Code

ben@parksmanparking.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Benton C. Launerts at (305) 610-0892
Name of Person Area Code & Daytime Telephone Number

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 Status & Certified Copy (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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 MAY 28 PM 1:45

Parksman Group, 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 3/14/2011 and assigned Florida document number L11000030945.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

18851 N.E. 29th Avenue, Suite 1011

(Principal office address MUST BE A STREET ADDRESS)

Aventura, Florida 33180

Enter new mailing address, if applicable:

18851 N.E. 29th Avenue, Suite 1011

(Mailing address MAY BE A POST OFFICE BOX)

Aventura, Florida 33180

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:

Benton C. Launerts

New Registered Office Address:

18851 N.E. 29th Avenue, Suite 1011

Enter Florida street address

Aventura

City

Florida

33180

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 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

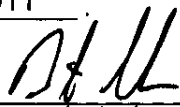
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Ezekiel A. Kaufman	2201 Griffin Road Fort Lauderdale, FL 33312	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Benton C. Launerts	18851 N.E. 29th Avenue, Suite 1011 Aventura, FL 33180	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
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			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Please also add FEI/EIN Number 45-1151827.

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Dated May 20, 2011



Signature of a member or authorized representative of a member

Benton C. Launerts

Typed or printed name of signee