

L11000092327

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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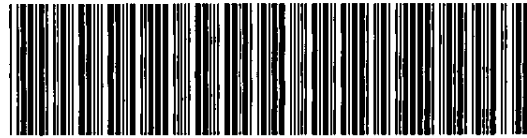
(Business Entity Name)

(Document Number)

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FILED
12 APR 20 PM 12: 02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Quinn APR 23 2012

TO: **Registration Section**
Division of Corporations

SUBJECT: Memorial Park 7 Fly, 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:

Carlos Monge
Name of Person

Memorial Park 7 Fly
Firm/Company

12820 Retoria Circle
Address

Tampa, FL 33625
City/State and Zip Code

carlos3kat@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carlos Monge at (813) 951-7978
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

TO
ARTICLES OF ORGANIZATION
OF

FILED

12 APR 20 PM 12: 02

Memorial Park 3 Fly, LLC

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 8/11/2011 and assigned
Florida document number L11000092327.

This amendment is submitted to amend the following:

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

Memorial Airport Parking LLC

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:

(Principal office address MUST BE A STREET ADDRESS)

6010 W. Chelsea street
Tampa, FL 33634

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6010 W. Chelsea street
Tampa, FL 33634

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:

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 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

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	Carlos Monge	12820 Retoria Circle Tampa, FL 33625	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Carlos Mong	12820 Retoria Circle Tampa, FL 33625	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Giovanni Monge	12820 Retoria Circle Tampa, Florida 33625	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Giovanni A. Monge	12820 Retoria Circle Tampa, FL 33625	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<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.)

Dated _____, _____

Signature of a member or authorized representative of a member

Carlos Monge

Typed or printed name of signee

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TALLAHASSEE, FLORIDA