

L11000136588

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

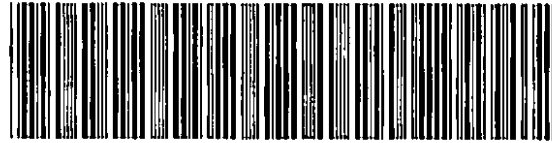
(Business Entity Name)

(Document Number)

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7 JUL 18 AM 9:04
DIVISION OF CORPORATIONS

FILED

O SIMMONS

JUL 20 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PARKODE 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:

Nancy Betty Gonzalez

Name of Person

The Law Offices of N Betty Gonzalez

Firm/Company

2151 Le Jeune Road Suite 304

Address

Coral Gables, FL 33134

City/State and Zip Code

nbetty@nbg-law.net

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

For further information concerning this matter, please call:

Nancy Betty Gonzalez

305 428-4800
at ()

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**

PARKODE 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 12/02/2011 and assigned Florida document number L11000136588.

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)

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

2700 GLADYS CIRCLE SUITE 115
WESTON FL 33327

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12 JUL 18 AM 9:04
DIVISION OF CORPORATIONS

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 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>
AMBR	Trujillo, Helene	100 SE 3rd AVENUE 10th Floor	<input type="checkbox"/> Add
		Suite 1000 Fort Lauderdale, FL	<input checked="" type="checkbox"/> Remove
		33394	<input type="checkbox"/> Change
MGR	Acosta Trujillo, Lorenzo Miguel	2700 GLADES CIRCLE	<input checked="" type="checkbox"/> Add
		SUITE 115	<input type="checkbox"/> Remove
		WESTON FL 33327	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

DIVISION OF CORPORATIONS
 17 JUL 18 AM 9:04

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

Multiple horizontal lines for amending information.

17 JUL 18 AM 9:04
DIVISION OF CONSUMER AFFAIRS

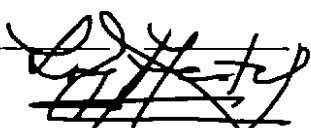
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E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 July 7, 2017 

Signature of a member or authorized representative of a member

Lorenzo Esteban Acosta Guillen

Typed or printed name of signee