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DIVISION OF COSEGRATIONS

OCT = 1 2012

T. HAMPTON

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: TNTELPARKING LLC Name of Limited Liability Company					
Name of Shimed Blacking Company					
The enclosed Articles of Amendment and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
JACQUES EONE Name of Person					
ALL USA PARKING LLC Firm/Company					
1000 5th Atract, Suit 200					
Mi AMi Beach FL 33139 City/State and Zip Code					
Jacques. Cone a amail. Com E-mail address: (to be used for future unnual report notification)					
For further information concerning this matter, please call:					
JACQUES EONE at (703) 859 9366 Name of Person Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount:					
\$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)					

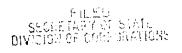
MAILING ADDRESS:

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 Taliahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



12 SEP 28 PH 12: 09

the same company of the same o		15 2EL 50 11115.03
<u>INTEL PARKING</u>	LLC	
TNTEL PARKING (Name of the Limited Liability C (A Florida Lin	ompany as it now appears	on our records.)
		•
The Articles of Organization for this Limited Liability Cor	npany were filed on 0 4	107 2012 and assigned
Florida document number L1200006980		
	•	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
PARKO RILITY //	r	
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Company	," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	1000 £	M Street, Suite 200
(Principal office address MUST BE A STREET ADDRE	ss) MiABI	BEACH, FL 33/39
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register registered agent and/or the new registered office address		r records, <u>enter the name of the new</u>
Name of New Registered Agent:		
Naw Pagistarad Office Address		
New Registered Office Address:	Ente	r Florida street address
		FR 4.3-
	City	, Florida Zip Code
Name Daniston & Ament's Cimptons 25 June 2000 Danistoned	•	*

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 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>	٠	<u>Name</u>	Address	Type of Action	
	_			Add	
				Remove 	
				Add	
				C) R emove 	
	_			ddd	
				Kemove	
				f_Add	
				□_kdd □_kemove	
				Cdd	
				— _	
D. If a			nange(s) here: (Attach additional sheets, if necessary.)		
	_ <u>K.g.</u>	000 5th Street.	Suite 2000	_	
		TIAMi Beach	FL 33139 -		
				SEGI DIVISIO 12 SE	
				SECRETAR VISIDILOF C 2 SEP 28	
Dated_	9	<u> 24 20 12 </u>	•		
	_	Signature of a mei	mber or authorized representative of a member	PH12: 09	
	_	V -	TACQUES EONE		
		Т	yped or printed name of signee		

Page 2 of 2

Filing Fee: \$25.00