## L/2000/20875

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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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TALLAHASSEE, FLORIDA

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## COVER LETTER \* •

TO:	Registration Se Division of Cor			
enton		E STATE PARKING DOWNT	OWN, LLC	
SUDJ	ECT:		ited Liability Company	
The er	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
			Name of Person	
		THE ALHADEFF LAW C	GRUP, P.L	
			Firm/Company	
		11900 BISCAYNE BLVD	#289	
			Address	
		MIAMI, FL 33181		
			City/State and Zip Code	
		NATASHA@ALHADEFFI	LAW.COM to be used for future annual report notif	ication)
For fu	rther information c	oncerning this matter, please ca	•	
NATA	ASHA BARRIENT	OS@GMAIL.CM	786 618-9703	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclo:	sed is a check for th	ne following amount:		
<b>■</b> \$2	25.00 Filing Fee	☐ \$30.00 Fiting 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

SUNSHINE STATE PARKING DOWNTOWN,		
( <u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our records. nited Liability Company)	(,
The Articles of Organization for this Limited Liability Com	pany were filed on 09/21/2012	and assigned
lorida document number L12000120875		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited	l liability company here:	
he 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:		SE SE
Principal office address MUST BE A STREET ADDRES	<u></u>	AUG CRETAS
		ന്ന <u>സ്</u>
nter new mailing address, if applicable:		F S I ATE
Mailing address MAY BE A POST OFFICE BOX)	<del> </del>	
	<del></del>	
b. If amending the registered agent and/or registere egistered agent and/or the new registered office address. Name of New Registered Agent:		enter the name of the
New Registered Office Address:		
	Enter Florida street address	
	Flor	rida
	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	☐ Remove
			☐ Change
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Effective date, if othe	r than the date o	of filing:		(or	otional)	
If an effective date is listed, <u>Note:</u> If the date inserte document's effective da	, the date must be spe ed in this block do	ecific and cannot be poses not meet the app	rior to date of filing o dicable statutory fi	r more than 90 days at	ter filing.) Pursuant to 60.	5.0207 (1 ted as th
he record specifies The 90th day afte			not an effective	e time, at 12:0:	l a.m. on the earli	er of:
Dated AUGUST 15		2017				
Dated	11/1/1	<del>_</del>				
		//				

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee