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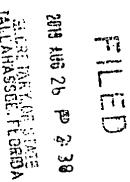
(Requestor's Name)
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SEP 0 9 2018

COVER LETTER

Division of Cor	poracions		
SUBJECT:		TE PARKING DO	WNTOWN, LLC
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
		-	
Please return all correspo	ondence concerning this matter	to the following:	
	MARK	A LHA DE FF Name of Person	
	THE ALHADI	EFF LAW GROUF	P.L.
	11900 3	ISCAYNE BLUD Address	S.Te 289
	MIAMI	FL 33181	
	Mark Gal	City/State and Zip Code Nacle FF (2 W. Colto be used for future annual report notification)	cation)
For further information c	concerning this matter, please ca	all:	
Barbara		ar (<u>786</u>) <u>618</u>	9703
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	he 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:

TO:

Registration Section

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	E PARKING DOWNTOWE ILLED
(Name of the Limited Liah (A Flor	E PARKING TOWNTOWE LED willty Company as it now appears on our records.) ida Limited Liability Company) 2518 145 24 50
The Articles of Organization for this Limited Liability Florida document number <u>L 120001208</u>	Company were filed on $\frac{9/21/2012}{1ALLAHASSUE, FEORIDA}$
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the li	mited liability company here:
The new name must be distinguishable and contain the words "L	imited 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 ADI	DRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office ac	gistered office address on our records, enter the name of the ddress here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	Cui Yh Cour

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 t 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 ad or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	MIRMELLI, ANDREW	3050 Biscayne Blud.	□ Add
		PHI	Remove
		MIAMI, FL 33137	Change
			□ Add
			□ Remove
			Change
			🗅 Add
			Remove
			Change
			🗆 Add
			□ Remove
			Change
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(If an eff Note:	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earl 90th day after the record is filed.
Dated	August 22 2019
	Signature of a member or authorized representative of a member
	MARK ALHADEFF

(3)(the

Page 3 of 3

Filing Fee: \$25.00