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18 NOV 26 AH 3: 30

K. SALY DEC -3 2018

COVER LETTER

	PARK MIGRATION SERVICES,	LLC	
SUBJECT:	Name of	Limited Liability Company	
The enclosed Arti	icles of Amendment and fee(s) are	submitted for filing.	
Please return all c	correspondence concerning this ma	tter to the following:	
	SETH D. CORNEAL, E	SQ.	
	THE CORNEAL LAW F	Name of Person	· · · · · · · · · · · · · · · · · · ·
	509 ANASTASIA BLVD	Firm/Company	···········
	ST. AUGUSTINE, FLO	Address RIDA 32080	
	SETH@CORNEALLAW	City/State and Zip Code	
	E-mail addre	ss: (to be used for future annual re	port notification)
For further inform	nation concerning this matter, pleas	se call:	
SETH D. CORN	<u> </u>		Daytime Telephone Number
	Name of Person	Area Code	Daytime Telephone Number
Enclosed is a che-	ck for the following amount:		
■ \$25.00 Filing	Fee \$30.00 Filing Fee & Certificate of Status		Certificate of Status &

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section Division of Corporations

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



97PARK MIGRATION SERVICES, 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 Con	npany were filed on 02/01/201	and assigned		
Florida document number L13000016902				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	d liability company here:			
97PARK PROPERTY MANAGEMENT, LLC				
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation	n "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRES	<u> </u>			
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 addres		ecords, <u>enter the name of the new</u>		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
		, Florida Zip Code		
		Zip Code		
New Registered Agent's Signature, if changing Registered A	<u>sgent:</u>			
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compacted the obligations of my position as registered agent being filed to merely reflect a change in the registered company has been notified in writing of this change.	plete performance of my dut nt as provided for in Chapter	ies, and I am familiar with and 605, F.S. Or, if this document is		

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: 18 NOV 26 AH 3: 30

IALLEMAN Type of Action

Add MGR = Manager AMBR = Authorized Member <u>Title</u> <u>Name</u> Address □ Remove _□ Change _ Change □ Add _□ Remove ☐ Change _□ Remove ___ Change □ Add _□ Remove _□ Change □ Add

_□ Change

MANAGEMENT AND PERFOR	M ALL LAWFUL SI	ERVICES INCIDE	NT THERETO.		
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n effective date is listed, the date must te: If the date inserted in this bloom	k does not meet the	e applicable statute			
cument's effective date on the Dep	artment of State's i	records.			
record specifies a delayed	effective date	out not an offe	ctive time at 13	·01 a.m. on the a	aarliar
he 90th day after the reco		out not an ene	ctive time, at 12	.or a.m. on the e	saillei i
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